

**COMMONWEALTH OF PENNSYLVANIA
ADAMS COUNTY
OFFICE OF THE SHERIFF**



APPLICATION FOR ANNUAL LICENSE
AS A DEALER IN PERCIUS METALS

BUSINESS COMBINATIONS
APPLICATION No. _____

BUSINESS NAME: _____

IF ASSUMED OR FICTITIOUS NAME, DATE OF REGISTRATION OF SAME: _____

ADDRESS: _____ PHONE NUMBER: _____

IF PENNSYLVANIA CORPORATION, DATE OF INCORPORATION: _____

NAME OF STATE IN WHICH INCORPORATED: Alabama DATE: _____

NAMES & ALIASES OF PARTNERS OR OFFICERS & BOARD MEMBERS	TITLE	AGE	SEX	ADDRESS	PHONE

HAVE ANY OF THE ABOVE NAMED PARTNERS, CORPORATE OFFICERS, OR MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS EVER BEEN INDICTED OR CONVICTED OF A CRIME IN THIS COMMONWEALTH OR ELSEWHERE? YES NO

IF YES GIVE NAME AND DETAILS: _____

HAVE ANY OF THE ABOVE NAMED PARTNERS, CORPORATE OFFICERS, OR MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS EVER HAD AN APPLICATION FOR A PERCIUS METAL DEALER LICENSE SUSPENDED, CANCELLED OR REVOKED BY ANY FEDERAL, STATE OR MUNICIPAL AUTHORITY? YES NO

IF YES GIVE NAME AND DETAILS: _____

NAME OF OFFICE MANAGER: _____

ADDRESS: _____ PHONE #: _____

SIGNATURE OF PARTNERS: 1. _____ 4. _____

OR OFFICERS: 2. _____ 5. _____

3. _____ 6. _____

DATE OF APPLICATION _____