

**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: \_\_\_\_\_ 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 \_\_\_\_\_