P.O. Box 311, Norristown, Pennsylvania 19404 610-278-3331 610-278-3832 (FAX)

SEAN P. KILKENNY

SHERIFF	
FOR USE BY	ISSUING AUTHORITY
Date Issued://	License Number:
Precious Me	etals Dealer Application (Individual)
Applicant's Full Name	DOB/_/Sex
Previous Name or Alias	
Present Address	Phone NoOther No
Addresses used in the last five years (A	Attach additional sheet if more information is require
	-
Applicant's Employer	
	Other No
Place of Business	
Phone No	
Applicant's Business Name	
If Fictitious or Assumed Name: Registra	ation Date
Have you ever been indicted or convicte Have you ever had a dealer's license rej Federal or Municipal Authority?	ected, revoked, suspended or cancelled by a State,
Fee:	
\$50.00 in person Signatur	'e

Signature_

Application Date___/__/___

\$62.50 by mail