



WILLIAM P. MULLEN  
SHERIFF

# ALLEGHENY COUNTY SHERIFF'S OFFICE PRECIOUS METAL APPLICATION FOR ANNUAL LICENSE



JOSEPH A. RIZZO  
CHIEF DEPUTY

## BUSINESS COMBINATIONS APPLICATION #: \_\_\_\_\_ (OFFICE USE ONLY)

BUSINESS NAME: \_\_\_\_\_

If assumed fictitious name; DATE OF REGISTRATION OF SAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

If PA Corporation; DATE OF INC.: \_\_\_\_\_ If Foreign Corporation; DATE OF INCORPORATION: \_\_\_\_\_

STATE IN WHICH INCORPORATED: \_\_\_\_\_ DATE: \_\_\_\_\_

### NAME & ALIASES OF PARTNERS, OFFICERS OR BOARD MEMBERS

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have any of the above named partners, corporate officers or members of this corporation's board of directors been indicted or convicted of a crime in this Commonwealth or elsewhere? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

Have any of the above named partners, corporate officers or members of this corporation's board of directors ever had an application for a precious metals dealer license suspended, cancelled or revoked by any Federal, State or Municipal Authority? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

NAME OF OFFICE MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

### SIGNATURES OF PARTNERS OR OFFICER

Date of Application: \_\_\_\_\_

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_