



BUSINESS COMBINATIONS APPLICATION #: _____
(OFFICE USE ONLY)

BUSINESS NAME: _____

If assumed fictitious name; DATE OF REGISTRATION OF SAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL: _____

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) _____



SHERIFF
ALLEGHENY COUNTY

KEVIN M. KRAUS, SHERIFF
JOHN A. KEARNEY, CHIEF DEPUTY

PRECIOUS METALS BACKGROUND INVESTIGATIONS

BUSINESS COMBINATIONS APPLICATION #: _____
(OFFICE USE ONLY)

DATE: _____

LAST NAME: _____ **FIRST NAME:** _____

SSN: _____

DOB: _____

RACE: _____

SEX: _____

DRIVER'S LICENSE #: _____

STATE: _____

EMAIL ADDRESS: _____

STREET ADDRESS: _____

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.
Understanding that if I knowingly make any false statements herein, I am subject to penalties prescribed by law.
I authorized the Sheriff to inspect only these records or documents relevant to information required for this application.

Applicant's Signature: _____

OFFICE USE ONLY

CHECKED BY: _____

FORWARDED TO: _____

SUPERVISOR'S REVIEW: _____

REPORT NUMBER: _____