



**SHERIFF**  
ALLEGHENY COUNTY

WILLIAM P. MULLEN, SHERIFF  
KEVIN M. KRAUS, CHIEF DEPUTY

# PRECIOUS METALS APPLICATION

**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) \_\_\_\_\_



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**PRECIOUS METALS**

**BACKGROUND INVESTIGATION**

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: \_\_\_\_\_