



COUNTY OF LYCOMING

Eric Spiegel, Sheriff
Lycoming County Courthouse
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Office Manager
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APPLICATION FOR PRECIOUS METALS LICENSE

APPLICANT'S FULL NAME: _____

(INCLUDE PREVIOUS NAMES AND ALIASES): _____

PHONE NO: _____ SEX: _____ DATE OF BIRTH: _____

ADDRESS: _____

PREVIOUS ADDRESS: _____

(IF LESS THAN FIVE YEARS): _____

BUSINESS NAME(S) (INCLUDING ANY F/K/A OR D/B/A AND ANY ASSUMED OR FICTITIOUS NAMES): _____

(IF OPERATING UNDER FICTITIOUS NAME PLEASE PROVIDE DATE OF REGISTRATION): _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

HAVE YOU EVER BEEN INDICTED OR CONVICTED OF A CRIME IN THIS COMMONWEALTH OR ELSEWHERE?

YES: _____ NO: _____

HAVE YOU EVER HAD AN APPLICATION FOR A PRECIOUS METALS LICENSE REJECTED, SUSPENDED OR REVOKED BY ANY AUTHORITY?

YES: _____ NO: _____

NAME AND ADDRESS OF FACILITY YOU WILL BE CONDUCTING BUSINESS AT: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

SHERIFF'S OFFICE USE ONLY: _____ LICENSE NO.: _____