



**COUNTY OF MONTGOMERY  
OFFICE OF THE SHERIFF**

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

SEAN P. KILKENNY  
SHERIFF

<b>FOR USE BY ISSUING AUTHORITY</b>	
Date Issued: ____/____/____	License Number: _____

**Precious Metals Dealer Application**  
(Individual)

*Applicant's Full Name* \_\_\_\_\_ *DOB* \_\_\_\_/\_\_\_\_/\_\_\_\_ *Sex* \_\_\_\_

*Previous Name or Alias* \_\_\_\_\_ *SSN* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Present Address* \_\_\_\_\_ *Phone No* \_\_\_\_\_  
*Other No* \_\_\_\_\_

*Addresses used in the last five years (Attach additional sheet if more information is required)*


*Applicant's Employer* \_\_\_\_\_  
*Address* \_\_\_\_\_

*Phone No* \_\_\_\_\_ *Other No* \_\_\_\_\_

*Place of Business* \_\_\_\_\_  
*Address* \_\_\_\_\_

*Phone No* \_\_\_\_\_ *Other No* \_\_\_\_\_

*Applicant's Business Name* \_\_\_\_\_

*If Fictitious or Assumed Name: Registration Date* \_\_\_\_\_

*Have you ever been indicted or convicted of a crime?*       Yes     No

*Have you ever had a dealer's license rejected, revoked, suspended or cancelled by a State, Federal or Municipal Authority?*       Yes     No

*Fee:*  
\$50.00 in person  
\$62.50 by mail

*Signature* \_\_\_\_\_

*Application Date* \_\_\_\_/\_\_\_\_/\_\_\_\_