

# Commonwealth of Pennsylvania

Franklin County Sheriff  
157 Lincoln Way East  
Chambersburg, PA 17201

## APPLICATION FOR PRECIOUS METALS LICENSE

License # \_\_\_\_\_  
Issue Date: \_\_\_\_\_

**Information must be typewritten or printed in blue or black ink.**

Name of Business:							<b>PHOTO IS REQUIRED</b>	
Street Address:								
City:	State:	Zip Code:						
Number of years at above address:	Previous business name (if any):							
Applicant's Name:					OWNER EMPLOYEE PARTNER			
Applicant's Phone #:								
Applicant's Address:							City:	State:
Sex	Race	Date of Birth	Eyes	Hair	Height	Weight	Social Security #	

I have never been convicted of a crime of violence in the State of Pennsylvania or elsewhere. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties as prescribed by law. I authorize the Sheriff or the Sheriff's representative or a Police Officer or a Police Department representative to inspect all records or documents pertaining to information required for this application.

Have you ever been arrested? <small>(Does not include minor traffic violations)</small>	Yes	No
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DATE OF APPLICATION

If Yes, furnish complete details as to date, charge, place and disposition on the back of this form or on a separate sheet of paper
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\_\_\_\_\_  
**Signature of Applicant**

If Partnership or if name of owner is different than application, fill in data below:

Name	Address
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Name	Address
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***TWO CHARACTER REFERENCES - DO NOT INCLUDE PERSONS LISTED ABOVE OR CLOSE RELATIVES***

**DO NOT WRITE BELOW THIS LINE - SHERIFF'S OFFICE USE ONLY**

APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> REASON FOR DISAPPROVAL _____ _____	_____ DATE _____ APPROVED BY
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