

Commonwealth of Pennsylvania

Franklin County Sheriff
 14 North Main Street
 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:							PHOTO IS REQUIRED
Street Address:							
City:	State:	Zip Code:					
Number of years at above address:	Previous business name (if any):						
Applicant's Name:					OWNER PARTNER EMPLOYEE		
Applicant's Phone #:							
Applicant's Address:							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

Signature of Applicant

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

Name	Address
Name	Address

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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