

Wyoming County Sheriff's Office One Courthouse Square Tunkhannock, PA 18657 570-996-2265



Application For Annual License As A Dealer In Precious Metals

Business Name:				
President of Company:				
Phone Number:	EXT:			
Address:				
If Pennsylvania Corporation	on, Date of Incorporation:	//_		
If Foreign Corporation, Da	te of registration in Pennsylvan	ia://		and name of City, County & state in which
Incorporated:				and date of Incorporation://
If assumed or fictitious nam	ne, date of registration of same:	:/	_	
Names and Aliases of Par	tners, Officers & Board Men	<u>nbers</u>		
NAMES	TITLE	SEX A	AGE	ADDRESS & PHONE NUMBER
1.				
indicted or convicted of a c	rime?Yestails:	No		Corporation's Board of Directors ever been Corporation's Board of Directors ever had ar
	Metals Dealer License suspend			oked by any Federal, State or Municipal
If Yes, Give Name and Det	ails:			

Name of Office Manager:		
Phone Number:		
Address:		
SIGNATURES OF APPLICANTS:		
X	X	
X	X	
X	DATE OF APPLICATION	N:
NOTHING BELOW THIS LINE, S	HEDIEE'S OFFICE LISE ONLY.	DEVEEDDIJADV 2021
NOTHING DELOW THIS LINE, S	REV FEBRUARY 2021	