



# County of Armstrong Precious Metals Dealer Application (Individual)

*Applicants Full Name:* \_\_\_\_\_ *Age* \_\_\_\_\_ *Sex* \_\_\_\_\_

*Previous Name or Alias:* \_\_\_\_\_

*Present Address:* \_\_\_\_\_ *Phone#* \_\_\_\_\_  
\_\_\_\_\_ *Other #* \_\_\_\_\_

*Addresses used in last five Years:* \_\_\_\_\_ *(Attached additional sheet if more information s required)*

_____	_____
_____	_____
_____	_____
_____	_____

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

*Phone #:* \_\_\_\_\_ *Other #:* \_\_\_\_\_

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

*Phone #:* \_\_\_\_\_ *Other #:* \_\_\_\_\_

*Application's Business Name:* \_\_\_\_\_

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

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

*Have you had a dealer's license rejected, revoked, suspended or cancelled by a State or Federal municipal authority?* ( ) Yes ( ) No

*Fee \$50.00* *Signature* \_\_\_\_\_  
*Application Date:* \_\_\_\_\_