



RICHARD H. JOHNSTON
SHERIFF

NORTHAMPTON COUNTY SHERIFF'S DEPARTMENT

669 WASHINGTON ST
EASTON, PA 18042
PHONE: (610) 829-6501
FAX: (610) 559-1785



CHRISTOPHER L. ZIEGER
CHIEF DEPUTY

1. When completing your application, be certain to include a street address. A post office box alone will not be accepted as a legal address. If the business address is different from the home address, please make sure to include it on the application.
2. Make sure you fill out ALL applicable areas of the application (except the signature portion on the rear of the application). **DO NOT SIGN THE APPLICATION UNTIL AN EMPLOYEE OF THE SHERIFF'S DEPARTMENT PERSONALLY WITNESSES THE SIGNING.** Incomplete or pre-signed applications will not be processed.
3. The following items **MUST** accompany the application:
 - A. DRIVER'S LICENSE OR PHOTO ID
 - B. Current Revenue License:
Business Privilege License OR Sales In Use Tax License
 - C. Cash, business check, certified check or money order, in the amount of **\$50.00**
4. All applications must be returned in person to the **BASEMENT**, room **B-131**, of the Northampton County Government Center. Upon arrival to the Sheriff's Department you will be given a payment slip that must be paid to the Revenue Department, **2ND FLOOR, ROOM 2-132**.
5. Upon completion of processing the application (approximately 14 days) the new license will mailed to your business address.

BE ADVISED THAT THE PURCHASE OF AN ITEM OF PRECIOUS METAL BY AN **UNLICENSED DEALER** IN PRECIOUS METALS SHALL CONSTITUTE A VIOLATION OF THE PRECIOUS METALS ACT OF THE COMMONWEALTH OF PENNSYLVANIA(P.L.92 NO.17) (73 P.S. S 1931 ET SEQ.) AND THE DEALER SHALL BE **GUILTY OF A MISDEMEANOR OF THE THIRD DEGREE.**



NORTHAMPTON COUNTY SHERIFF'S DEPARTMENT

PHONE: (610) 829-6501

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FAX: (610) 559-3233



PRECIOUS METALS DEALER APPLICATION (BUSINESS)

BUSINESS OPERATING NAME:	BUSINESS COMBINATIONS APPLICATION #:
IF ASSUMED OR FICTITIOUS NAME, DATE OF REGISTRATION OF SAME:	BUSINESS PHONE #:

OWNERS NAME AND BUSINESS ADDRESS:

IF PENNSYLVANIA CORPORATION, DATE OF INCORPORATION:	IF FOREIGN CORPORATION, DATE OF REGISTRATION IN PA:
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NAME OF OFFICE MANAGER:	IF FOREIGN CORPORATION STATE IN WHICH INCORPORATED:	DATE INCORPORATED:
ADDRESS OF OFFICE MANAGER:	OFFICE MANAGER PHONE #:	<u> / / </u>

NAMES AND ALIASES OF PARTNERS OR OFFICERS AND BOARD MEMBERS

	NAME & ADDRESS	TITLE	SEX	DOB
1				
2				
3				
4				

HAVE ANY OF THE ABOVE NAMED PARTNERS, CORPORATE OFFICERS OR MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS EVER BEEN INDICTED OR CONVICTED OF A CRIME IN THIS COMMONWEALTH, OR ELSEWHERE? YES NO

IF YES, GIVE NAME AND DETAILS: _____

HAVE ANY OF THE ABOVE NAMED PARTNERS, CORPORATE OFFICERS, OR MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS EVER HAD AN APPLICATION FOR A PREVIOUS METALS DEALER LICENSE SUSPENDED, CANCELLED OR REVOKED BY ANY FEDERAL, STATE OR MUNICIPAL AUTHORITY? YES NO

IF YES, GIVE DETAILS: _____

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 statements herein, I am subject to penalties prescribed by law. I authorize the sheriff, or his designee, to inspect only those records or documents relevant to information required for this application. This certification is made subject to both the penalties of section 4904 of the Crimes Code (18 Pa.C.S. 4904) relating to unsworn falsifications to authorities and Precious Metals Act of this Commonwealth (P.L.92 No.17) (73 P.S. S 1931 et seq.).

SIGNATURES OF PARTNERS OR OFFICERS	LICENSE FEE: \$50.00 PER YEAR	
	SIGNATURE 1: _____	DATE: <u> / / </u>
	SIGNATURE 2: _____	DATE: <u> / / </u>
	SIGNATURE 3: _____	DATE: <u> / / </u>
	SIGNATURE 4: _____	DATE: <u> / / </u>

APPLICATION MUST BE COMPLETE. ANY BLOCKS NOT APPLICABLE MUST INDICT SO. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.