



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, **2<sup>ND</sup> 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 (INDIVIDUAL)

APPLICANTS FULL NAME:	INDIVIDUAL APPLICATION #		
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PREVIOUS NAME OR ALIAS:	DATE OF BIRTH ____/____/____	AGE:	SEX
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CURRENT ADDRESS:	HOME PHONE #:	CELL PHONE #:
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APPLICANTS EMPLOYER: (IF ANY)	EMPLOYER ADDRESS:	EMPLOYER PHONE #:
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### APPLICANTS PREVIOUS RESIDENCES COMPLETE ADDRESS (FOR LAST FIVE YEARS)

ADDRESS	YEARS:
1	
2	
3	

APPLICANTS OPERATING BUSINESS NAME:	APPLICANTS BUSINESS ADDRESS:
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APPLICANTS CURRENT EMAIL ADDRESS: \_\_\_\_\_

FICTICIOUS NAME:	IF ASSUMED OR FICTICIOUS NAME: DATE OF REGISTRATION OF SAME: ____/____/____ STATE OF REGISTRATION: _____
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HAVE YOU EVER BEEN INDICTED OR CONVICTED OF A CRIME IN THIS COMMONWEALTH OR ELSEWHERE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD AN APPLICATION FOR 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.).

APPLICATION MUST BE COMPLETE. ANY BLOCKS NOT APPLICABLE MUST INDICT SO. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.	<b>LICENSE FEE: \$50.00 PER YEAR</b>	
	SIGNATURE: _____	DATE: ____/____/____