

THE COUNTY OF CHESTER



OFFICE OF THE SHERIFF

201 West Market Street, Suite 1201
PO Box 2746, West Chester, PA 19380-0989

CAROLYN B. WELSH
Sheriff

JASON W. SUYDAM
Chief Deputy



Precious Metals Dealer Application

Applicants Full Name: _____ Age: _____ Sex: _____

Previous Names or Aliases _____

Date of Birth: _____ Social Security Number: _____

Present Address: _____ Phone Number: _____
Other: _____

Driver's license number: _____

Addresses used in the last five years:

Applicant's Employer: _____

Address: _____

Phone #: _____

Place of Business: _____

Address: _____

Phone #: _____

Applicant'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

Make **check** or **money order** payable to: **Sheriff of Chester County**
Fee: \$50.00 (license is valid for 1 year from date of issue)

For questions or more information contact 610-344-6984 or fax 610-344-5345.

Signature: _____

Application Date: _____