

Commonwealth of Pennsylvania

Blair County Sheriff Dept.
423 Allegheny St Ste 044
Hollidaysburg Pa 16648

APPLICATION FOR PRECIOUS METALS LICENSE

LICENSE # _____
ISSUE DATE: ___/___/___

Information must be typewritten or printed in blue or black ink.							
Name of Business:						PHOTO IS REQUIRED	
Street Address:							
City:		State:		Zip Code:			
Number of years at above address:		Previous business name (if any):					
Applicant's Name:					OWNER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PARTNER <input type="checkbox"/>		
Applicant's Address: Street:				City:		State:	
Sex	Race	Date of Birth	Eyes	Hair	Height	Weight	Social Security #
I have never been convicted of a crime of violence in the State of Pennsylvania or elsewhere. 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 statement herein I am subject to such penalties as prescribed by law. I authorize the Sheriff or the Sheriff's representative or a Police Officer or a Police Department representative to inspect all records or documents pertaining to information required for this application.							
Have you ever been arrested? (Does not include minor traffic violations)			YES <input type="checkbox"/>	NO <input type="checkbox"/>	DATE OF APPLICATION ___/___/___		
If Yes, furnish complete details as to date, charge, place and disposition on back of this form or on a separate sheet of paper				_____ Signature of Applicant			
If Partnership or if name of owner is different than application, fill in data below:							
Name		Address					
Name		Address					
<u>TWO CHARACTER REFERENCES - DO NOT INCLUDE PERSONS LISTED ABOVE OR CLOSE RELATIVES</u>							
DO NOT WRITE BELOW THIS LINE - SHERIFF'S OFFICE USE ONLY							
APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> REASON FOR DISAPPROVAL _____					_____/_____/_____ DATE		
					_____ APPROVED BY		