



THE COUNTY OF CHESTER

OFFICE OF THE SHERIFF

201 West Market Street, Suite 1201, P.O. Box 2746, West Chester, PA 19382-0991

FREDDA L. MADDOX
Sheriff

KEVIN D. DYKES
Chief Deputy



Precious Metals Dealer Application

Applicant's Full Name: _____ Date of Birth: _____ Age: _____ Sex: _____
 Previous Name or Alias: _____ Social Security Number: _____
 Present Address: _____ Phone Number: () - _____
 _____ Other () - _____
 Driver's License Number _____

Addresses used in the last five years (Attach additional sheets if more information is required)

Applicant's Employer: _____
 Employers Address: _____

 Phone Number: () - _____ Other Number: () - _____

Business Address: _____
 Address: _____

 Phone Number: () - _____ Other Number: () - _____

Applicants' 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: _____