

Expires Year To Date  
Fee \$50 per year

<b>For Office Use Only</b> Customer Number _____ C of O _____
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**PRECIOUS METAL & GEMS LICENSE APPLICATION**  
**Act 95 of 1981**

**CONFIDENTIAL**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Articles to be Bought or Sold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_  
Home/Billing Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**I affirm that the above information is true and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**\*Please include copy of Drivers License**