

APPLICATION FOR SECONDHAND PRECIOUS METAL AND GEMS DEALER LICENSE
SULLIVAN COUNTY CLERK

1. Name of Applicant/Business: _____
(attach a certified copy of trade name certificate, partnership certificate or certificate of incorporation)

If a corporation, you must also attach a copy of your certificate of Good Standing and if a foreign corporation your application for authority to do business in New York.

2. Names and dates of birth of all the individuals involved in the ownership of the business. For a sole proprietor, the individual owner; for a partnership, the partners; for a corporation, the officers, principals, directors and stockholders holding more than 5% of the outstanding stock:

3. Location of Business premises: _____

4. Applicant's legal address: _____

5. Name and address
of designated agent
for service of process _____

6. Description and nature of business: _____

7. Name and address of the owner(s) of the business premises and the nature of the right to occupy the use of said premises (i.e. owner, rental, lease, etc.)

8. List any and all convictions and dates thereof within the preceding 10 years, for any crimes (misdemeanors or felonies) or municipal violations of any of the individuals involved as listed in #2, above.

9. Have you or your business or any other prior business you have engaged in been found by a court of this state or any other state to have practiced fraud, deceit, or misrepresentation in conjunction with a secondhand dealer business or any other business?_____

ANY OMISSIONS OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.

I, the Applicant herein, hereby state that I, am 18 years of age or older.

Date:_____

Signature of Applicant

Jurat:

Signed and sworn before me this ___ day of _____, 20__
at _____, New York.

Signature of Notary Public

APPLICATION NOT VALID UNLESS SWORN