



Application for License

PRECIOUS METALS TOOLS & ELECTRONICS

This application is for businesses owned by an **INDIVIDUAL** only, in the State of Rhode Island

New Application Renewal Application **FEDERAL ID/EIN NUMBER** _____

All lines **MUST** be complete or N/A if not applicable. Application **MUST** be typed or printed.

1. _____
LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY DATE OF BIRTH

2. _____
RESIDENTIAL STREET AND NUMBER CITY / TOWN STATE ZIP HOME TELEPHONE NUMBER

3. _____
BUSINESS NAME BUSINESS TELEPHONE NUMBER

4. _____
STREET ADDRESS CITY STATE ZIP

5. _____
NORMAL BUSINESS HOURS DAYS OF OPERATION DATE BEGINNING BUSINESS

6. _____
BRANCH NAME STREET CITY STATE ZIP TELEPHONE

7. Do you buy goods other than at your office? If YES explain on line #15. YES ___ NO ___

8. Have you ever been refused, suspended or revoked a license, permit or identification card to operate a precious metals business or to act as an agent of such business in this state or lawful jurisdiction? If YES, explain on line #15. YES ___ NO ___

9. Have you ever been arrested either in this state or any other jurisdiction? If YES explain on line #15. YES ___ NO ___

10. Have you ever been convicted of any crime, charge or violation in either this state or any other jurisdiction? If YES explain on line #15. YES ___ NO ___

11. Have you knowledge of any individual, including employees, associated with your precious metals business being arrested or convicted of any offense either in this state or any other jurisdiction? If YES explain on line #15. YES ___ NO ___

12. Have you ever pled guilty or Nolo Contendere to any crime, charge or violation in either this state or any other jurisdiction? If YES explain on line #15. YES ___ NO ___

13. Have you ever been placed on probation for any crime, charge or violation in either this state or any other jurisdiction? YES ___ NO ___

Please complete, sign and notarize the reverse side

14. Attach to this application a list of names, residential addresses, dates of birth and social security numbers of ALL agents or employees to be engaged in buying precious metals. NONE _____

15. _____

I, the undersigned, have read and understand the provisions of title 6, chapter 11.1, inclusive, of the Rhode Island General Law pertaining to the regulation of the precious metals business and agents. I hereby apply for a license pursuant to the provisions of title 6, chapter 11.1 of the Rhode Island General Law and make oath to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements hereto attached. I acknowledge that any false or incorrect information contained within this application may subject me to criminal prosecution under Rhode Island General Law 11-18-1 and/or denial of my application for license for the purchase of precious metals.

Signature of applicant: _____ Date signed: _____

Subscribed and sworn to at _____, before me this ____ day of _____, 20__.

_____. My commission expires, _____.
NOTARY PUBLIC

Make check(s) payable to: Department of Attorney General, (one check per \$50.00 fee listed below).

Application fee..... \$ 50.00 (This applies to NEW licenses **only**)
License fee..... \$ 50.00 (This applies to NEW and RENEWAL)
Branch fees.....\$50.00 (Per Branch)

MAIL TO: Department of Attorney General
Precious Metals Licensing
150 South Main Street
Providence, RI 02903