



# Application for License

## PURCHASE OF PRECIOUS METALS

This application is for businesses operated as a **PARTNERSHIP** 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. \_\_\_\_\_  
NAME OF PARTNERSHIP

2. \_\_\_\_\_  
BUSINESS NAME BUSINESS TELEPHONE NUMBER

3. \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

4. \_\_\_\_\_  
NORMAL BUSINESS HOURS DAYS OF OPERATION DATE BEGINNING BUSINESS

5. \_\_\_\_\_  
BRANCH NAME STREET CITY STATE ZIP TELEPHONE

6. \_\_\_\_\_  
PARTNER RESIDENCE ADDRESS CITY STATE SOCIAL SECURITY DATE OF BIRTH

7. \_\_\_\_\_  
PARTNER RESIDENCE ADDRESS CITY STATE SOCIAL SECURITY DATE OF BIRTH

8. \_\_\_\_\_  
PARTNER RESIDENCE ADDRESS CITY STATE SOCIAL SECURITY DATE OF BIRTH

9. Do you buy goods other than at your office? If YES explain on line #16. YES \_\_\_ NO \_\_\_

10. Have you ever had 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 #16. YES \_\_\_ NO \_\_\_

11. Has any owner, partner, director, officer, member, or stockholder of the applicant's business ever had a license to operate as a precious metals business or operate as an agent of a precious metals business, refused, suspended, or revoked in this state or any other jurisdiction? If YES, explain on line #16. YES \_\_\_ NO \_\_\_

12. Have you ever been arrested in either this state or any other jurisdiction? If YES explain on line #16. YES \_\_\_ NO \_\_\_

13. Have you ever been convicted of a crime in this state or any other jurisdiction? If YES explain on line #16. YES \_\_\_ NO \_\_\_

Please complete, sign and notarize the reverse side

14. Have you knowledge of any individual associated with your precious metals business, either owner, partner, employee, or principal corporate officer, being arrested or convicted of any offense in this state or any other jurisdiction?  
If YES explain on line #16. YES \_\_\_ NO \_\_\_

15. 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 \_\_\_\_\_

16. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Have you ever been placed on probation for any crime, charge or violation in either this state or any other jurisdiction?  
If YES, explain on line #16. YES \_\_\_ NO \_\_\_

18. Have you ever pled guilty or Nolo Contendere to any crime, charge or violation in this state or any other jurisdiction?  
If YES, explain on line #16. YES \_\_\_ NO \_\_\_

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 the Rhode Island General Law 11-18-1 and/or denial of my application for license for the purchase of precious metals.

Signature of partner: \_\_\_\_\_ 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 fee)

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

Mail to: Department of Attorney General  
Precious Metals Licenses  
150 South Main Street  
Providence, RI 02903

----- DO NOT WRITE BELOW THIS LINE -----

- |   |  |
|---|--|
| <input type="checkbox"/> BCI sent _____ by _____  | <input type="checkbox"/> SOS received _____ by _____   |
| <input type="checkbox"/> BCI rec'd _____ by _____ | <input type="checkbox"/> Cnd'l approval _____ by _____ |
| <input type="checkbox"/> SOS sent _____ by _____  | <input type="checkbox"/> Final approval _____ by _____ |