

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. LAST NAME MIDDLE INITIAL SOCIAL SECURITY DATE OF BIRTH RESIDENTIAL STREET AND NUMBER HOME TELEPHONE NUMBER BUSINESS NAME STREET ADDRESS CITY STATE NORMAL BUSINESS HOURS DAYS OF OPERATION DATE BEGINNING BUSINESS 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 tools / electronics business or to act as an agent of such business in this state or lawful jurisdiction? YES \_\_\_ NO \_\_\_ If YES, explain on line #15. 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 tools/electronics 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 Contendre to any crime, charge or violation in either this state or any other jurisdiction? If YES explain on line #15. 13. Have you ever been placed on probation for any crime, charge or violation in either this state or any other jurisdiction? YES \_\_ NO\_\_

	his application a list of names, resi L agents or employees to be engag	idential addresses, dates of birth and sociated in buying tools/electronics.	al security numbers of NONE
General Law p pursuant to the accuracy of all statements here may subject me	pertaining to the regulation of the to provisions of title 6, chapter 11.2 statements, answers, and represente to attached. I acknowledge that an	provisions of title 6, chapter 11.2, inclusionly/electronics business and agents. I he of the Rhode Island General Law and matations made in this application, including false or incorrect information contained to the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and/or electronic contains and the Island General Law 11-18-1 and	ereby apply for a license ake oath to the truth and g all supplementary d within this application
Signature of applicant:		Date signed:	
Subscribed and	d sworn to at	, before me this day of	, 20
	Notary Public	My commission expires,	
Make check(s)	payable to: Department of Attorn	ey General	
	License fee	\$ 70.00 (This applies to NEW or R	ENEWAL Licenses )
MAIL TO:	Department of Attorney Orecious Metals Licensing 150 South Main Street Providence, RI 02903	g	
	DO NO	T WRITE BELOW THIS LINE	
☐ BCI sent	by	Cnd'l approval	by
□ BCI rec'	d by	Final approval	by