

## PRECIOUS METAL DEALER LICENSE APPLICATION

Individual Applicant Name:	Phone:
DOB: DL#:	(photocopy of Drivers License)
Physical Address:	E-Mail:
Name of Business and Address of premises	at which regulated transactions will occur:
Business Mailing Address:	
Description of regulated transactions involv precious metals that will be handled under t	ing precious metals that are to be conducted and his license:
Has applicant ever had any license revoked	
If yes, list issuing/revoking agency and date	s:
Has applicant been convicted of any misden	neanor or felony in the last 5 years? □ No □ Yes
If yes, list all offenses, dates of conviction,	and penalties assessed:
<ul> <li>□ Precious Metal Dealer License – New -</li> <li>□ Precious Metal Dealer License – Renev</li> <li>□ Photocopy of Drivers License or Government</li> </ul>	

City of Meridian ~ City Clerks Office ~ 33 E. Broadway Ave., Meridian, Idaho 83642 Phone: 208-888-4433 website: <a href="www.meridiancity.org">www.meridiancity.org</a>