

MUNICIPALITY OF \_\_\_\_\_

APPLICATION FOR PERMIT  
DEALER IN SECONDHAND PRECIOUS METALS  
30-A M.R.S.A. § 3972

1. BUSINESS NAME: \_\_\_\_\_

2. BUSINESS PHYSICAL ADDRESS: \_\_\_\_\_

3. BUSINESS MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

4. TYPE OF BUSINESS (CHECK ONE):  Proprietor  Partnership  Corporation

5. LIST PROPRIETORS, PARTNERS OR DIRECTORS:

| Name | Address | Phone | Date of Birth |
|------|---------|-------|---------------|
|      |         |       |               |
|      |         |       |               |
|      |         |       |               |

| Name | Address | Phone | Date of Birth |
|------|---------|-------|---------------|
|      |         |       |               |
|      |         |       |               |
|      |         |       |               |

| Name | Address | Phone | Date of Birth |
|------|---------|-------|---------------|
|      |         |       |               |
|      |         |       |               |
|      |         |       |               |

I certify that the above statements are true and correct to the best of my knowledge and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Signature

(Official Use Only)

Permit Granted (valid indefinitely until surrendered, suspended or revoked)

Permit Denied (because issuance would be detrimental to the public health, safety or welfare)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Municipal Officer

\_\_\_\_\_  
Municipal Officer

\_\_\_\_\_  
Municipal Officer