

CITY OF LONG BRANCH
344 BROADWAY
LONG BRANCH, NJ 07740

APPLICATION FOR A LICENSE FOR PURCHASING PRECIOUS METALS

PLEASE CHECK ONE: INITIAL _____ RENEWAL _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE #: _____

OWNER'S NAME: _____

OWNERS DATE OF BIRTH: _____

OWNERS SOCIAL SECURITY #: _____

If a Corporation, complete the following:

	NAME	ADDRESS	DOB	SS#
President:	_____	_____	_____	_____
Vice-President:	_____	_____	_____	_____
Secretary:	_____	_____	_____	_____
Treasurer:	_____	_____	_____	_____

Names of Associates engaged in buying and selling:

NAME	ADDRESS	DOB	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATED: _____ SIGNATURE: _____

FEE: _____

LICENSE NO.: _____