

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. NAME OF PARTNERSHIP BUSINESS TELEPHONE NUMBER STATE ZIP NORMAL BUSINESS HOURS DATE BEGINNING BUSINESS BRANCH NAME STREET TELEPHONE CITY STATE RESIDENCE ADDRESS DATE OF BIRTH PARTNER CITY STATE SOCIAL SECURITY RESIDENCE ADDRESS CITY STATE SOCIAL SECURITY DATE OF BIRTH PARTNER DATE OF BIRTH RESIDENCE ADDRESS CITY STATE SOCIAL SECURITY 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? YES ____ NO ___ If YES explain on line #16. 13. Have you ever been convicted of a crime in this state or any other jurisdiction? YES ___ NO ___ If YES explain on line #16.

14. Have you knowledge of any individual associated employee, or principal corporate officer, bein				her
jurisdiction? If YES explain on line #16.		YES	NO	
15. Attach to this application a list of names, residential ALL agents or employees to be engaged in but		•	umbers of ONE	
16				
17. Have you ever been placed on probation for any crigurisdiction?	rime, charge or violat	tion in either this state or an	y other	
If YES, explain on line #16.		YES	SNO	_
18. Have you ever pled guilty or Nolo Contendre to an jurisdiction?	ny crime, charge or vi	iolation in this state or any o	other	
If YES, explain on line #16.		YE	ESNO	_
statements hereto attached. I acknowledge that any fals may subject me to criminal prosecution under the Rhod application for license for the purchase of precious me	de Island General La etals.	w 11-18-1 and/or denial of	my	!
Signature of partner:		Date signed:		
Subscribed and sworn to at	, before me this	day of	, 20	_•
NOTARY PUBLIC	My comm	nission expires,		·
Make check(s) payable to: Department of Attorney Go	eneral (one check pe	er fee)		
Application feeLicense feeBranch fees	\$ 50.00 (This applies)	
Mail to: Attorney General Julius C. Michaelson Custo Precious Metals Licensing 4 Howard Avenue	omer Service Center			

Cranston, RI 02920