BOISE CITY

PRECIOUS METALS DEALER

LICENSE APPLICATION

OFFICE USE ONLY

DATE _____ **CITY LICENSE #** _____

❑ **NEW** ❑ **RENEWAL** ❑ **FINGERPRINTS**

NON REFUNDABLE FEES:

ANNUAL LICENSE . . . . . $ 93.00
SEMI-ANNUAL LICENSE (after July 1st) . . . . . $ 46.50
ITINERANT LICENSE . . . . . $ 93.00

FINGERPRINTS . . . . . $ 42.00
PROCESSING . . . . . $ 1.50

TOTAL FEES DUE . . . . . _____

• • • EXPIRES ANNUALLY ON DECEMBER 31ST • • •

PRECIOUS METALS DEALERS (including Itinerant Dealers) MUST MAINTAIN A RECORD OF EVERY ARTICLE PURCHASED OR SOLD, ON FORMS PROVIDED BY THE BOISE POLICE DEPARTMENT.

APPLICANT NAME _____ PHONE _____
First Middle Last

ADDRESS _____
Street City Zip

MAILING ADDRESS (if different from above): _____
Street City Zip

E-MAIL ADDRESS _____

TYPE OF BUSINESS: ❑ INDIVIDUAL ❑ PARTNERSHIP ❑ CORPORATION

NAME OF BUSINESS _____ BUSINESS PHONE _____

STREET ADDRESS OF BUSINESS: _____
Street Boise Zip

MAILING ADDRESS OF BUSINESS (if different from above) _____
Street City Zip

IF APPLICATION IS FOR AN ITINERANT DEALER LICENSE, GIVE DATE(s), LOCATION AND HOURS OF INTENDED SALE

Dates (From/To:) _____ Hours (From/To:) _____

Location: _____

OVER

IF BUSINESS IS A PARTNERSHIP OR CORPORATION PLEASE GIVE THE FOLLOWING INFORMATION ABOUT EACH PARTNER OR PRINCIPAL STOCKHOLDER:

NAME _____ OFFICIAL CAPACITY _____

ADDRESS _____

NAME _____ OFFICIAL CAPACITY _____

ADDRESS _____

YES NO (please initial on the appropriate line)

_____ _____ 1. HAVE YOU, OR ANY OFFICER, DIRECTOR, STOCKHOLDER, OR PARTNER, WITHIN THE PAST FIVE (5) YEARS, BEEN CONVICTED, PAID ANY FINE, BEEN PLACED ON PROBATION, RECEIVED A DEFERRED SENTENCE, RECEIVED A WITHHELD JUDGEMENT, SUFFERED THE FORFEITURE OF A BOND FOR FAILURE TO APPEAR OR COMPLETED ANY SENTENCE OF CONFINEMENT FOR ANY FELONY OR NON-TRAFFIC MISDEMEANOR?

IF YES, GIVE DETAILS: _____

_____ _____ 2. HAVE YOU, A PARTNER, OR ANY OFFICER, DIRECTOR, OR STOCKHOLDER HAD A PRECIOUS METALS DEALERS OR SIMILAR LICENSE REVOKED BY THIS CITY OR ANY OTHER CITY OF THIS STATE OR THE UNITED STATES WITHIN THE PAST FIVE (5) YEARS?

IF YES, GIVE DETAILS: _____

_____ _____ 3. DO YOU HEREBY AUTHORIZE THE CITY OF BOISE, ITS AGENTS AND EMPLOYEES, TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN YOUR APPLICATION AND QUALIFICATIONS?

STATEMENT OF OATH

I hereby authorize the City of Boise, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. I swear and affirm, under penalty of perjury pursuant to title 18, chapter 54 idaho code, that the statements contained in the above application for a Precious Metals Dealer License are true and correct to the best of my knowledge.

_____ Date _____

SIGNATURE OF APPLICANT

STATE OF IDAHO
> ss
COUNTY OF ADA

On this _____ day of _____ in the year _____, before me the undersigned, a Notary Public, personally appeared _____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he / she executed the same.

_____

NOTARY PUBLIC FOR IDAHO

RESIDING AT _____, IDAHO

MY COMMISSION EXPIRES _____