

# PRECIOUS METALS DEALERS

## RELOCATION APPLICATION

### Ohio Precious Metals Dealers Act

Ohio Revised Code Sections 1321.20; 1321.21; 4728.01 to 4728.14, 4728.99  
Ohio Administrative Code 1301:8-6



### Ohio Department Of Commerce Division Of Financial Institutions

77 South High Street, 21st Floor

Columbus, Ohio, 43215-6120

Telephone: (614)728-8400

[www.com.state.oh.us/dfi](http://www.com.state.oh.us/dfi)

**WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.**

*"An Equal Opportunity Employer and Service Provider"*

<b>For DFI Use Only</b>
Issue Date _____
File ID _____

# PRECIOUS METALS DEALERS RELOCATION APPLICATION

Ohio Revised Code Sections 1321.20; 1321.21; 4728.01 to 4728.14, 4728.99

Ohio Administrative Code 1301:8-6

***Print or Type in Blue or Black Ink***  
 This application is for **Relocation** only

1. Name of Licensee \_\_\_\_\_  
*(Must be same business entity as original license.)*
2. Federal Tax ID Number \_\_\_\_\_
3. Fictitious name or d/b/a, if applicable \_\_\_\_\_
4. Present Address of License \_\_\_\_\_  
*(As stated on license)*  
 City, Village or Township \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
 (a) Indicate your present License Number: PB- \_\_\_\_\_
5. Relocation To \_\_\_\_\_  
 City, Village or Township \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
*(Physical Location)*  
 (a) Is the address to be licensed zoned for this type of business? Yes  No  If not, a new license cannot be issued.
6. The date of the proposed relocation \_\_\_\_\_  
*(This application must be submitted at least 30 days prior to the effective move date.)*
7. How was the new location within the political subdivision (City, Village or Township) verified? (U.S. Post Office, County Engineer, etc.) \_\_\_\_\_
8. Indicate the proposed business hours and days of this location \_\_\_\_\_  
 Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_
9. Will all books, records, files, etc. from business conducted under your present license be transferred to the new location?  
 Yes  No  If no, attach a separate sheet marked "**Schedule 9**", giving complete details.
10. Upon receipt of your Relocation License you **must** return your present license.

<b><i>For DFI Use Only</i></b>		Fee:	<b>If there is a change in the political sub-division, the following fees apply:</b>
			\$350 if license is issued from 1/1 to 6/30
			\$500 if license is issued from 7/1 to 12/31
Check No. _____	Amount _____	Date _____	Rec. By _____
TC: 100-PM	Pay-In # _____	Deposit Date _____	RS: 2111-02
TC: 80-PM	Pay-In # _____	Deposit Date _____	RS: 2111-02

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(Continued)

Company Name: \_\_\_\_\_

## ATTESTATION

**NOTE:** This application must be signed by:

- The owner if applicant is a sole proprietor;
- At least two partners if the applicant is a partnership;
- At least two members if applicant is a limited liability company(if applicable); or
- At least two officers if the applicant is a corporation.

I (We), the undersigned, swear or affirm that this application and any attachments have been prepared or carefully reviewed by me (us) and that these constitute a complete, truthful, and correct statement of all information requested herein. I (We) realize that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted hereunder, and is subject to criminal prosecution under Section 2921.13 of the Ohio Revised Code.

\_\_\_\_\_  
Printed Name (Person 1)                      Title                      Date

\_\_\_\_\_  
Printed Name (Person 2)                      Title                      Date

\_\_\_\_\_  
Signature (Person 1)

\_\_\_\_\_  
Signature (Person 2)

**Fee:**                      **If there is a change in the political sub-division, the following fees apply:**

\$350 if license is issued from 1/1 to 6/30

\$500 if license is issued from 7/1 to 12/31

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***For DFI Office Use Only***

Date application approved \_\_\_\_\_

By \_\_\_\_\_, Superintendent

*“An Equal Opportunity Employer and Service Provider”*