

## APPLICATION FOR COINS & METALS

Indicate the name of the business that should appear on the license together with the applicant's name, title, address and telephone number.

business telephone #

address of business

business mailing address if different from above

telephone #

address of applicant

Description of Business/Operation: \_\_\_\_\_

*I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.*

By: **Corporate Officer** (Mandatory, if applicable)

\*\*Social Security # or Federal Identification Number

**\*This license will not be issued unless the applicant signs this certification clause.**

**\*\*Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.**