



RENEWAL

APPLICATION Safety Services and Licensing Committee FOR FIREARMS DEALER LICENSE

Name of Owner: _____ Date of Birth _____

MV License #: _____ State: _____ State ID # (If applicable): _____

Residence _____ Telephone No. _____ E-mail _____

Name of Business: _____ Telephone _____

Business Address _____

Property on which business will be operated is owned by:

Name _____ Telephone No. _____

Address _____

If Corporation, please list names, addresses and driver license numbers for all principals:

Employers' Fed. ID No. _____ ATF FFL License No. _____ (attach copy)

ATF FFL Issue Date: _____ Expiration Date: _____

Date

Applicant's signature

Fee: \$100.00 + \$5.00 Processing Fee

(Office use only)
Date Advertised: _____ Abutters' notice sent _____

Police Department review and recommendation: Approve _____ Deny _____

If denial, please list reasons: _____

Reviewed by Chief of Police or designee

Date

Committee action: Approved _____ Restrictions Noted: _____

Taxes: Clear _____ Payment Plan _____

License Issued: _____ **Date:** _____ **By:** _____