



NEW

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 + \$10.00 Processing Fee

Date Advertised: _____ (Office use only)
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:** _____

FIREARMS DEALER INSTRUCTIONS:

- COPY OF FEDERAL LICENSE
- FEE OF \$105.00
- Zoning Certificate
- Copy of applicant's driver's license