

Previous Dates

Business Name

Address

PART B - CORPORATION/PARTNERSHIP INFORMATION *(If applicable)*

1. Corporation Name Address Date/Place of Incorporation

2. Officers, directors, and/or stockholders owning more than five percent of corporation stock:
Name and Title Home Address Date of Birth Phone #

3. Partners
Name Home Address Date of Birth Phone #

PART C - CRIMINAL CONVICTIONS

1. Have any applicants, partners, officers, directors, operators, or stockholders owning more than five percent of corporation stock ever been convicted of any crime, except misdemeanor traffic violations?

YES NO

2. If yes, explain below:
Name

Charges

Date/Court

Disposition
or Sentence

3. Has applicant ever been denied, suspended, or had revoked a license/permit for a concealable firearm license?

YES NO

4. If yes, indicate place and date:

I certify that the information provided in this application is true and complete, knowing that any false or intentionally deleted information will be cause for rejection of application.

Date

Signature of Applicant

NOTE: Non-refundable Permit and Application Fees. You are required to notify the Chief of Police within one day of any changes in the information provided on this application form, including any changes of names, addresses, or phone numbers of any agents.

DEPARTMENT USE ONLY

I. Fees Paid	<u>Receipt #</u>	<u>Amount</u>
Application for Permit	_____	_____
Business License Fee	_____	_____

- II. Fingerprints
- Photographs
- Health Department Certificate
- N/A Work Permit (under 18 years)
- N/A Park Permit

III. Review for Planning Department:

Signature Date

Review for Building Department:

Signature Date