FIREARMS DEALER LICENSE APPLICATION (new/renewal)

Business Name:

Police Permit #
(renewals only)

New Application: ☐ **Renewal:** ☐	
DATE:	

Reset Form Print

APPLICANT'S BUSINESS IS:

INDIVIDUALLY OWNED ☐ **CORPORATION** ☐ **PARTNERSHIP** ☐ **OTHER** ☐ **(Specify)** _____

BUSINESS STREEET ADDRESS	**MAILING ADDRESS (If different)**	
CITY	**STATE**	**ZIP**
BUSINESS PHONE	**HOME PHONE**	**E-MAIL ADDRESS**

	SUN	MON	TUE	WED	THUR	FRI	SAT
BUSINESS HOURS							
OPENING HOUR							
CLOSING HOUR							

EACH OWNER, CORPORATE OFFICER OR PARTNER IS DEEMED AN APPLICANT AND EACH MUST PROVIDE THE FOLLOWING INFORMATION. AN APPLICANT WHO IS A CORPORATION OR PARTNERSHIP SHALL DESIGNATE ONE OF ITS OFFICERS OR GENERAL PARTNERS TO ACT AS ITS RESPONSIBLE MANAGING OFFICER. THE RESPONSIBLE MANAGING OFFICER MAY COMPLETE AND SIGN ALL APPLICATIONS ON BEHALF OF THE CORPORATE OFFICERS OR PARTNERS. **OWNER** ☐ **CO-OWNER** ☐ **TITLE** _____

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

NAME (LAST) (FIRST) (MI) HOME ADDRESS CITY ZIP HOME PHONE D.O.B.

NAME (LAST) (FIRST) (MI) HOME ADDRESS CITY ZIP HOME PHONE D.O.B.

NAME (LAST) (FIRST) (MI) HOME ADDRESS CITY ZIP HOME PHONE D.O.B.

APPLICANT'S NAME (LAST) (FIRST) (MIDDLE) DATE OF BIRTH

RESIDENCE ADDRESS CITY ZIP E-MAIL

RESIDENCE PHONE BUSINESS PHONE SOCIAL SECURITY NUMBER CERTIFICATE OF ELEGIBILTIY #

MARITAL STATUS ALIAS/MAIDEN NAME SPOUSE'S NAME

DRIVER'S LICENSE NUMBER STATE RACE SEX WEIGHT(lbs) HEIGHT HAIR EYES

US. CITYZEN? ☐ **YES** ☐ **NO** **NATURALIZED?** ☐ **YES** ☐ **NO** **IMMIGRATION/VISA #** **DATE EXPIRED**

List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a).

If none, initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT

THIS FORM IS FOR INTERNAL USE ONLY. PRIVATE AND CONFIDENTIAL

LIST ALL CURRENT EMPLOYEES WITH ACCESS TO FIREARMS HERE: (use additional employee form to list more than 8 employees)

Last Name	First Name	Middle	DOB	Last 4 of Social	COE#	Contact Phone #
Last Name	First Name	Middle	DOB	Last 4 of Social	COE#	Contact Phone #
Last Name	First Name	Middle	DOB	Last 4 of Social	COE#	Contact Phone #
Last Name	First Name	Middle	DOB	Last 4 of Social	COE#	Contact Phone #
Last Name	First Name	Middle	DOB	Last 4 of Social	COE#	Contact Phone #
Last Name	First Name	Middle	DOB	Last 4 of Social	COE#	Contact Phone #
Last Name	First Name	Middle	DOB	Last 4 of Social	COE#	Contact Phone #
Last Name	First Name	Middle	DOB	Last 4 of Social	COE#	Contact Phone #

APPLICANTS: THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF A POLICE PERMIT. IF A PERMIT IS ISSUED, REPRESENTATIVES OF THE POLICE DEPARTMENT WILL HAVE ACCESS TO THE BUSINESS PREMISES DURING BUSINESS HOURS WHICH MAY INCLUDE ENTRY INTO THE NON-PUBLIC PORTION OF THE PREMISES**.**

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF THIS APPLICATION AND THAT I AM SUBJECT TO PROSECUTION PER 11.0401(B) OF THE SAN DIEGO MUNICIPAL CODE. I AM AWARE THAT ALL FEES ARE NON-REFUNDABLE.

IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO RENEW THE PERMIT **NO LATER THAN 10 DAYS** AFTER THE EXPIRATION DATE. FAILURE TO RENEW ON TIME WILL RESULT IN PENALTY FEES **($25 PLUS 10% OF THE REGULATORY FEE).** IF A RENEWAL IS NOT COMPLETED WITH ALL FEES AND PENALTIES PAID WITHIN 30 DAYS AFTER THE PERMIT EXPIRATION DATE, THE PERMIT EXPIRES AND ACTIVITIES ALLOWED BY THE PERMIT MUST CEASE. A PERMITEE MUST THEN BEGIN THE APPLICATION PROCESS AS A NEW APPLICANT (SDMC 33.0308).

I AM AWARE THAT THE APPLICATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS**.**

I AM AWARE THAT ALL EMPLOYEES REQUIRE A CERTIFICATE OF ELIGIBILITY FROM THE CALIFORNIA DEPARATMENT OF JUSTICE IN ORDER TO HAVE ACCESS TO FIREARMS. I AM RESPONSIBLE FOR SUBMITTING A "NEW EMPLOYEE APPLICATION" AND A COPY OF THE EMPLOYEE'S CERTIFICATE OF ELIGIBILITY IMMEDIATELY UPON HIRING NEW EMPLOYEES.

_____ _____

Signed (principal responsible for business) **Date**