



SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING



FIREARMS DEALER RENEWAL INFORMATION SHEET

San Diego Municipal Code, section 33.0101(c) states you must have a valid police permit to operate a business designated as police regulated. You are responsible for being familiar with and complying with the rules and regulations related to the regulation of Firearms Dealers. Copies of the Firearms Dealers Ordinance and General Divisions Ordinances for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2nd Floor, Telephone # (619) 533-4000 or via the City's website: <http://www.sandiego.gov> (Department, City Clerk, Documents, Municipal Code), SDMC Chapter 3, Article 3, Divisions 1-5, and 42.

Renewal applications may be submitted in person at the Office of the City Treasurer located at: **1200 Third Avenue, Suite 100, San Diego, CA 92101**

Mailing Address: **SDPD Permits, P.O. Box 122289, San Diego, CA 92112-2289**

For questions, contact the Business Tax Program at (619) 615-1500

Note: Regulation and enforcement will continue to be performed by SDPD.

**YOU MUST PROVIDE ALL OF THE FOLLOWING WHEN APPLYING FOR A FIREARMS POLICE PERMIT  
INCOMPLETE & REPLICATED APPLICATION PACKETS WILL NOT BE ACCEPTED**

- **Completed Applications:** Firearms Dealer Renewal Application & Business Addendum Application (per owner/officer if applicable).
- Copy of valid State Certificate of Eligibility (COE) or a copy of your State Certificate of Eligibility Request form. You may download a Certificate of Eligibility application at: <http://oag.ca.gov/sites/all/files/agweb/pdfs/firearms/forms/coeapp.pdf> For questions regarding the COE, you may reach the State at 1(800) 952-5225.
- Copies of **current** State Certificate of Eligibility (COE) for all current employees, 1-800-952-5225. Renewal applications will be rejected if current COEs are not provided for ALL employees who handle/sell firearms.
- Copy of valid Seller's Permit from the State Board of Equalization, (858) 358-4700.
- Copy of a **valid** Federal Firearms License, <https://www.atf.gov/firearms/instructions-form-7-application-federal-firearms-license>
- Copies of any special permits issued by the Department of Justice, 1-800-952-5225.
- Copy of valid State Secondhand Dealers/Pawnbroker License if business is involved in the purchase and sale of used Firearms. Please refer to the SDPD Second Hand Dealer (Tangible) packet for additional information and application forms. [https://www.sandiego.gov/sites/default/files/legacy/treasurer/pdf/new\\_second\\_hand\\_tangible.pdf](https://www.sandiego.gov/sites/default/files/legacy/treasurer/pdf/new_second_hand_tangible.pdf)
- Identification in the form of a valid government issued photo identification card (i.e. driver's license or military ID) for all owners and employees.
- California DOJ Centralized List
- Fees - Cash, checks, and credit cards are accepted. Please make checks, money orders, and cashier's checks payable to the **City Treasurer.**

**\$1,606.00** - Regulatory Permit Fee / Firearms Dealer  
**\$54.00** - Application Fee  
**\$1,660.00** - Total

**NOTE:** In accordance with 26915 of the California Penal Code, each employee who handles, sells, or delivers firearms is required to have a Certificate of Eligibility (COE) issued by the California Department of Justice.

**FIREARMS DEALER LICENSE APPLICATION (RENEWAL)**

Business Name:

Police Permit #  
(renewals only)

<b>New Application:</b>
<b>Renewal:</b>
<b>DATE:</b>

<b>APPLICANT'S BUSINESS IS:</b>								
INDIVIDUALLY OWNED		CORPORATION		PARTNERSHIP		OTHER (Specify) _____		
BUSINESS STREET ADDRESS				MAILING ADDRESS (If different)				
CITY			STATE			ZIP		
BUSINESS PHONE		HOME PHONE			E-MAIL ADDRESS			
<b>BUSINESS HOURS</b>		SUN	MON	TUE	WED	THUR	FRI	SAT
<b>OPENING HOUR</b>								
<b>CLOSING HOUR</b>								

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 ELEGIBILITY #				
MARITAL STATUS	ALIAS/MAIDEN NAME	SPOUSE'S NAME					
DRIVER'S LICENSE NUMBER	STATE	RACE	SEX	WEIGHT(lbs)	HEIGHT	HAIR	EYES
US. CITYZEN?	NATURALIZED?	IMMIGRATION/VISA #	DATE EXPIRED				
YES NO	YES NO						

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

**FIREARMS DEALER LICENSE APPLICATION  
SUPPLEMENTAL**

<input type="checkbox"/> <b>EMPLOYEE SUPPLEMENTAL</b>
<b>DATE</b>

**COMPANY EMPLOYEES**

<b>NAME (LAST) (FIRST) (MIDDLE)</b>	<b>SSN</b>	<b>HEIGHT</b>	<b>WEIGHT</b>
<b>RESIDENCE ADDRESS</b>	<b>DRIVERS LICENSE NUMBER STATE</b>	<b>HAIR</b>	<b>EYES</b>
<b>HOME PHONE</b>	<b>DATE OF BIRTH MO DY YR</b>	<b>U.S. CITIZEN [ ] YES [ ] NO</b>	<b>VISA # EXPIRATION</b>
<b>OTHER NAMES USED (Alias-Maiden):</b>	<b>COE #: Exp Date:</b>	<b>BIRTHPLACE</b>	

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: \_\_\_\_\_

<b>CHARGE</b>	<b>DATE CONVICTED</b>	<b>LOCATION OF COURT</b>

<b>NAME (LAST) (FIRST) (MIDDLE)</b>	<b>SSN #</b>	<b>HEIGHT</b>	<b>WEIGHT</b>
<b>RESIDENCE ADDRESS</b>	<b>DRIVERS LICENSE NUMBER STATE</b>	<b>HAIR</b>	<b>EYES</b>
<b>HOME PHONE</b>	<b>DATE OF BIRTH MO DY YR</b>	<b>U.S. CITIZEN [ ] YES [ ] NO</b>	<b>VISA # EXPIRATION</b>
<b>OTHER NAMES USED (Alias-Maiden):</b>	<b>COE #: Exp Date:</b>	<b>BIRTHPLACE</b>	

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<b>CHARGE</b>	<b>DATE CONVICTED</b>	<b>LOCATION OF COURT</b>

<b>NAME (LAST) (FIRST) (MIDDLE)</b>	<b>SSN #</b>	<b>HEIGHT</b>	<b>WEIGHT</b>
<b>RESIDENCE ADDRESS</b>	<b>DRIVERS LICENSE NUMBER STATE</b>	<b>HAIR</b>	<b>EYES</b>
<b>HOME PHONE</b>	<b>DATE OF BIRTH MO DY YR</b>	<b>U.S. CITIZEN [ ] YES [ ] NO</b>	<b>VISA # EXPIRATION</b>
<b>OTHER NAMES USED (Alias-Maiden):</b>	<b>COE #: Exp Date:</b>	<b>BIRTHPLACE</b>	

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If none, initial here: \_\_\_\_\_

<b>CHARGE</b>	<b>DATE CONVICTED</b>	<b>LOCATION OF COURT</b>

<b>NAME (LAST) (FIRST) (MIDDLE)</b>	<b>SSN #</b>	<b>HEIGHT</b>	<b>WEIGHT</b>
<b>RESIDENCE ADDRESS</b>	<b>DRIVERS LICENSE NUMBER STATE</b>	<b>HAIR</b>	<b>EYES</b>
<b>HOME PHONE</b>	<b>DATE OF BIRTH MO DY YR</b>	<b>U.S. CITIZEN [ ] YES [ ] NO</b>	<b>VISA # EXPIRATION</b>
<b>OTHER NAMES USED (Alias-Maiden):</b>	<b>COE #: Exp Date:</b>	<b>BIRTHPLACE</b>	

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: \_\_\_\_\_

<b>CHARGE</b>	<b>DATE CONVICTED</b>	<b>LOCATION OF COURT</b>

<b>Fingerprint records on all new employees?</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Current list of employees submitted?</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

**SUPPLEMENTAL CONT'D**

**COMPANY EMPLOYEES**

NAME	(LAST)	(FIRST)	(MIDDLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS			DRIVERS LICENSE NUMBER		HAIR	EYE S
			STATE			
HOME PHONE			DATE OF BIRTH		U.S. CITIZEN	[ ] YES [ ] NO
OTHER NAMES USED (Alias-Maiden):			MO DY YR		VISA #	EXPIRATION
			COE #: Exp Date:			

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 12034(a)

If none, initial here: \_\_\_\_\_

CHARGE	DATE CONVICTED	LOCATION OF COURT

NAME	(LAST)	(FIRST)	(MIDDLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS			DRIVERS LICENSE NUMBER		HAIR	EYE S
			STATE			
HOME PHONE			DATE OF BIRTH		U.S. CITIZEN	[ ] YES [ ] NO
OTHER NAMES USED (Alias-Maiden):			MO DY YR		VISA #	EXPIRATION
			COE #: Exp Date:			

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 12034(a)

If none, initial here: \_\_\_\_\_

CHARGE	DATE CONVICTED	LOCATION OF COURT

**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 I AM RESPONSIBLE FOR SUBMITTING A SUPPLEMENTAL APPLICATION AND FINGERPRINT CARDS IMMEDIATELY UPON HIRING NEW EMPLOYEES.**

APPROVED

_____ Applicant's Signature	_____ Date	DENIED	_____ Reviewing Officer	_____ Date
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Fingerprint information submitted on all new and or/rehired employees?	[ ] Yes [ ] No
Firearm Dealer Employee applications submitted for all employees?	[ ] Yes [ ] No