



SAN DIEGO COUNTY
SHERIFF'S DEPARTMENT

License Division, 9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062

William D. Gore, Sheriff

FIREARMS DEALER APPLICATION

FEE: \$467.00 NEW
\$442.00 RENEW

(Fees are not refundable)

FSP # _____

(Print or Type only)

Business Name (DBA) _____ Telephone _____

E-mail Address _____

Business Address _____
Number Street City State Zip

Mailing Address _____
Number Street City State Zip

Check applicable Business Description: _____ Corporation (If yes, Corporation's name _____)

_____ Partnership _____ LLC _____ Sole Proprietorship
(Each business partner associate must complete a Miscellaneous Information Form which must be submitted along with this application)

OWNER OF THE PREMISES _____ PHONE (____) _____

LIST HOURS OF OPERATION OPEN FOR PUBLIC SALES:

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|--------|--------|---------|-----------|----------|--------|----------|

WHAT TYPE(S) OF FIREARMS WILL YOU BE DEALING IN? (CHECK ALL THAT APPLY)

CONCEALABLE ONLY [] NON-CONCEALABLE [] BOTH [] NEW [] USED []

ARE YOU SELLING OR STORING SMOKELESS OR BLACK POWDER? [] Yes [] No
(IF YES, YOU WILL BE REQUIRED TO SUBMIT AN EXPLOSIVES PERMIT APPLICATION WITH THE SHERIFF'S DEPT.)

IS THERE ANY OTHER BUSINESS IN OPERATION AT THE SAME LOCATION? [] Yes [] No

TYPE OF BUSINESS _____

I HEREBY CERTIFY 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. I AM AWARE THAT ALL FEES ASSOCIATED WITH THIS APPLICATION ARE NON-REFUNDABLE. THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF A SHERIFF'S PERMIT/LICENSE. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES PERTAINING TO FIREARM SALES.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICATION ACCEPTED BY: _____ DATE _____

COMPANY EMPLOYEES
THIS FORM IS FOR INTERNAL USE ONLY, PRIVATE AND CONFIDENTIAL

DO NOT WRITE BELOW - OFFICE USE ONLY

FOR USE OF FIRE DISTRICT

Approved [] Disapproved []

Reason _____

By _____ Date _____

Title _____

Fire District _____

DPS/ZONING

Approved [] Disapproved []

Reason _____

By _____ Date _____

Title _____

Code Section _____

FOR USE OF SHERIFF'S DEPARTMENT

Approved [] Disapproved []

Reason _____

By _____ Date _____

FOR USE OF LOCAL SHERIFF'S STATION

Approved [] Disapproved []

Reason _____

By _____ Date _____