



APPLICATION

LICENSE TO SELL FIREARMS

FEE: \$30.00 New

\$20.00 Renewal

FEE RECEIVED BY: _____

APPLICANT

Male
 Female

Last name First name Middle name

Residence address City State Zip

Home/Cell # Work # CA DL # or CA ID Card #

Age Height Weight Hair color Eye Color Date of Birth

Name of business

Business address City State Zip

REQUIRED ATTACHMENTS

1. Copy of your Firearms License issued by the US Bureau of Alcohol, Tobacco & Firearms
2. Copy of your Business License issued by the City of Merced
3. Copy of your Department of Justice Certificate of Eligibility to Sell Firearms
4. Copy of your Seller's Permit issued by the State Board of Equalization

Previous City of Merced License Number (Renewal): _____

Have you ever been arrested? Yes No

If yes, date(s) of the arrest(s)? _____

If yes, which city(ies)/state(s) did the arrest(s) occur? _____

If yes, what were the charges? _____

Are you currently or have you ever been treated For a mental illness? Yes No

LYING ON THIS APPLICATION IS REASON FOR DENIAL (480B&P).

I hereby certify that the provided information is true and correct to the best of my knowledge.

Applicant Signature

Date