



# Firearms Sales Application

## Type of Application

New  Annual Renewal

## Business Ownership Information

<input type="checkbox"/> Sole Ownership	Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Corporation
	Partnership Name:	Corporation Name:
Other Ownership Entity:	Description:	Name:

## Business Location Information

Business Name:
Business Physical Address:
Business Mailing Address: <input type="checkbox"/> Same as above

## Property Owner or Manager Information

<input type="checkbox"/> Owned by Applicant	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented
Owner's/Manager's Name:		
Address:		
Phone Number:		

## Applicant Identifying Information

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

## Applicant Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Business Partner Identifying Information <input type="checkbox"/> NA		
Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

Business Partner Contact Information	
Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Corporation Information <input type="checkbox"/> NA	
Name of Corporation:	
Date of Incorporation:	
Name of the Registered Corporate Agent:	
Address of the Registered Office for service of process:	
Names and Capacity of all Officers and Directors	
Name:	Capacity:

Firearm's Licenses	
Federal Firearms License	Number:
California Firearms Dealer License	Number:

Applicant Criminal Convictions				
Question			Yes	No
Have you ever been convicted of any crime anywhere in the US?				
Date	Location	Nature of Criminal Conviction		



**Signature & Verification**

- I affirm that the information provided in this application, including in all attachments, is true and correct.
- I understand that a material omission or misstatement of fact in this permit application is grounds for denial, suspension, or revocation of a Firearms Sales permit.
- I certify that all information contained in this application is complete and accurate.
- I agree to indemnify, defend and hold harmless the City, its officers, agents and employees from and against all claims, losses, costs, damages and liabilities of any kind pursuant to the operation of the business, including attorneys fees, arising in any manner out of the negligence or intentional or willful misconduct of:
  - The applicant;
  - The applicant’s officers, employees, agents and/or supervisors; or
  - If the business is a corporation, partnership or other entity, the officers, directors or partners.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Turning in the Application**

Contact the Police Department Permits office for an appointment. Bring with you the completed application, all attachments and the Police Department Application Fee. Once the application is processed, you will be contacted with the results.

**Firearms Sales Applications to the Police Department are accepted by Appointment Only  
408-866-2188**

**FOR CAMPBELL PD INTERNAL USE ONLY**

<b>Application Received</b>	<b>Site Visit Completed</b>	<b>Application Granted</b>	<b>Application Denied</b>	<b>Permit Issued</b>
Date	Date	Date	Date	Date
Name	Name	Name	Name	Name