

License Application for Firearm Dealer Authorization

Applicant Information

Full Name:

Business Address:

Phone Number:

Email Address:

Business Details

Business Name:

Type of License Applied For:

Years in Business:

Firearm Dealer Specific Information

Is the business premises secured for firearm storage?

Types of Firearms to be Handled:

Declarations and Signature

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

Signature:

Date:

Submit Application