APPLICATION
LICENSE TO SELL CONCEALABLE FIREARMS

(This form must be completed by each owner/partner/applicant)

Fee: $30.00 New [ ] $20.00 Renewal [ ] Fee received by:_____

APPLICANT:_____
Last Name First Name Middle Name

_____ Home Phone:_____
Residence Address

_____ Business Phone:_____
City/State/Zip

Contact Email Address_____

Sex: M / F Age:_____ Hgt:_____ Wgt:_____ Hair:_____ Eyes:_____

Date of Birth:_____ Calif. Driver's Lic. #/I.D. Card#:_____

BUSINESS:_____

BUSINESS ADDRESS:_____

WILL YOU BE SELLING USED GUNS?: _____

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 Modesto**
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**
5) **Copy of your state Driver's License or state Identification Card**

License To Sell Concealable Firearms Number (Renewal):_____

Have you ever been arrested? Yes / No
If yes, when did the arrest take place?_____ In what city/state?_____
What was the arrest for?_____

Are you currently or have you ever been treated for a mental illness? _____

LYING ON THIS APPLICATION IS REASON FOR DENIAL (480 B&P)
I HEREBY CERTIFY THAT THE PROVIDED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ _____
SIGNATURE TITLE DATE

In accordance with the requirements of Title II of the Americans with Disabilities Act ("ADA") of 1990, the Fair Employment & Housing Act ("FEHA"), the Rehabilitation Act of 1973 (as amended), Government Code section 11135 and other applicable codes, the City of Modesto ("City") will not discriminate against individuals on the basis of disability in the City's services, programs, or activities. For more information, please visit the City of Modesto website at https://www.modestogov.com/865/Americans-with-Disabilities-Act-ADA