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