

# Application for Federal Firearms License

**For ATF Use Only**

1. Name of Owner or Corporation (If partnership, include name of each partner)

2. Trade or Business Name, if any	3. Employer Identification Number (EIN#) or Social Security Number (SSN is Voluntary)	4. Name of County in Which Business is Located
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5. Business Address (RFD or street number, city, State, and ZIP code) (NOTE: The business address CANNOT be a P.O. Box.)	6. Mailing Address (If different from address in item #5)
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7. Contact Numbers (Include Area Code)

Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ 24 Hour Emergency # (If different) \_\_\_\_\_

8. Applicant's Business is (Select one)

Individually Owned     A Partnership     A Corporation     Other (Specify)

9. Describe Specific Activity Applicant is Engaged in, or Intends to Engage in, Which Requires a Federal Firearms License. (Sale of ammunition alone does not require a license.)	10. Do You Intend to Engage in Business as a Pawnbroker? <input type="checkbox"/> Yes <input type="checkbox"/> No
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11. Application is Made For a License Under 18 U.S.C. Chapter 44 as a: (Place an "X" in the appropriate box. Submit the fee noted next to the box with the application. Licenses are issued for a 3-year period. See instruction #13 for payment information.)

Type	Description of License Type	Fee
01/02	Dealer (01), Including Pawnbroker (02), in Firearms Other Than Destructive Devices (Includes: Rifles, Shotguns, Pistols, Revolvers, Gunsmith activities and National Firearms Act (NFA) Weapons)	\$200 <input type="checkbox"/>
06	Manufacturer of Ammunition for Firearms Other Than Ammunition for Destructive Devices or Armor Piercing Ammunition	\$30 <input type="checkbox"/>
07	Manufacturer of Firearms Other Than Destructive Devices	\$150 <input type="checkbox"/>
08	Importer of Firearms Other Than Destructive Devices or Ammunition for Firearms Other Than Destructive Devices, or Ammunition Other Than Armor Piercing Ammunition (NOTE: Importer of handguns and rifles, see instruction #8.)	\$150 <input type="checkbox"/>
09	Dealer in Destructive Devices	\$3000 <input type="checkbox"/>
10	Manufacturer of Destructive Devices, Ammunition for Destructive Devices or Armor Piercing Ammunition	\$3000 <input type="checkbox"/>
11	Importer of Destructive Devices, Ammunition for Destructive Devices or Armor Piercing Ammunition (See instruction #8)	\$3000 <input type="checkbox"/>
Total Fees \$		

12. Method of Payment (Check one)

Check (Enclosed)     Cashier's Check or Money Order (Enclosed)     Visa     Mastercard     American Express     Discover     Diners Club

Credit/Debit Card Number (No dashes)	Name as Printed on Your Credit/Debit Card	Expiration Date (Month & year)
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Credit/Debit Card Billing Address:	Address:		
	City:	State:	Zip Code:

Please Complete to Ensure Payment is Credited to the Correct Application:

I am Paying the Application Fee for the Following Person, Corporation, or Partnership:	Total Application Fees: \$
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I Authorize ATF to Charge my Credit/Debit Card the Above Amount.

Signature of Cardholder	Date
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Your credit/debit card will be charged the above stated amount upon receipt of your application. The charge will be reflected on your credit/debit card statement. In the event a license/permit is NOT issued, the above amount will be credited to the credit/debit card noted above.

13. Hours of Operation of Applicant's Business <i>(Must be completed)</i>								14. Is Applicant Presently Engaged in a Business Requiring a Federal Firearms License? <i>(If "Yes," answer 14a.)</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No
Time	Sun	Mon	Tues	Wed	Thu	Fri	Sat	
Open								
Close								14a. Present Federal Firearms License Number

15. If You Have Served in the Armed Forces, Provide the Service Serial Number and Military Branch.	Service Serial Number	Military Branch
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16. Applicant's Business Premises Are  
 Owned       Leased/Rented       Military  
 IF RENTED OR LEASED, PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PROPERTY OWNER.

Name and Address of Property Owner *(If applicable)*

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Telephone Number of Property Owner *(If applicable)*

18. Do You Intend To Make a Profit from Your Business?  
 Yes       No *(If no, do not submit application)*

18a. Do You Intend To Sell Firearms **Only** at Gun Shows?  
 Yes *(If yes, do not submit application)*       No

17. Indicate Type of Business Premises

Zoned Commercial:	Zoned Residential:
<input type="checkbox"/> Store Front	<input type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> Office	<input type="checkbox"/> Condominium/Apartment
<input type="checkbox"/> Rod & Gun Club	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Military Base	<input type="checkbox"/> Public Housing
<input type="checkbox"/> Other <i>(Specify)</i>	

IF THE PREMISES ARE LOCATED ON A MILITARY INSTALLATION, ATTACH A COPY OF WRITTEN AUTHORIZATION FROM THE BASE COMMANDER TO CONDUCT A FIREARMS BUSINESS ON THE MILITARY INSTALLATION.

19. Do You Intend to Use Your License **Only** to Acquire Personal Firearms?  
 Yes *(If yes, do not submit application.)*       No

If Business was Obtained From Someone Else, Provide the Following Information.

20. Name of Previous Business

21. Federal Firearms License Number

22. Provide the Information Required for Each Individual Owner, Partner, and Other Responsible Persons in the Business. See Instruction #10 for Responsible Person Definition. If a Female, List Any Given, Married, and Maiden Names, e.g., "Mary Alice (Smith) Jones," Not "Mrs. John Jones." *(If additional space is needed, use a separate sheet.) Each Responsible Person Must Complete All Information in this Section.*

Full Name	Position and Social Security Number <i>(Social Security Number is Voluntary)</i>	Home Address <i>Please provide every address you have had in the last 5 years.</i>	Country of Citizenship <i>List more than one, if applicable. Nonimmigrant aliens must complete all information in item #23.</i>	Place of Birth <i>(City, State, or Foreign Country)</i>	Date of Birth	Race and Ethnicity <i>(Please check one or more boxes)</i>	Sex	Residence Telephone No.
						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		

Full Name	Position and Social Security Number (Social Security Number is Voluntary)	Home Address <i>Please provide every address you have had in the last 5 years.</i>	Country of Citizenship <i>List more than one, if applicable. Nonimmigrant aliens must complete all information in item #23.</i>	Place of Birth <i>(City, State, or Foreign Country)</i>	Date of Birth	Race and Ethnicity <i>(Please check one or more boxes)</i>	Sex	Residence Telephone No.
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23. Nonimmigrant Alien Certification of Compliance With 18 U.S.C. 922(g)(5)(B). If additional space is needed, use a separate sheet.

18 U.S.C. 922(g)(5)(B) generally makes it unlawful for any nonimmigrant alien to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, any firearms or ammunition; or to receive any firearms or ammunition which have been shipped or transported in interstate or foreign commerce. All nonimmigrant aliens listed in item 22 must complete the following information certifying compliance with 18 U.S.C. 922(g)(5)(B).

A. Name of Person Certifying Compliance Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

B. Immigration and Customs Enforcement (ICE) Issued Alien Number or Admission Number (Previously INS Number): \_\_\_\_\_

C. Are you in possession of a valid hunting license or permit lawfully issued in the United States?  Yes  No

1. If you answered "NO," you likely cannot lawfully possess a firearm and therefore cannot be a Federal firearms licensee.
2. If you answered "YES," complete the following information, and attach a copy of the license or permit to the application.

\_\_\_\_\_  
Hunting License or Permit Number, if any

\_\_\_\_\_  
State of Issuance

\_\_\_\_\_  
Expiration Date, if any

Give Full Details on a Separate Sheet for All "Yes" Answers in Items 24 and 25.		Yes	No
24. Has Applicant or any Person Referred to in Item 22 Above:	A. Held a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
	B. Been Denied a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Been an Officer in a Corporation Holding a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Been an Employee of a Federal Firearms Licensee?	<input type="checkbox"/>	<input type="checkbox"/>
	E. Had a Federal Firearms License Revoked?	<input type="checkbox"/>	<input type="checkbox"/>
25. Is Applicant or any Person Named in Item 22 Above:	A. Charged by Information or Under Indictment in any Court for a Felony, or any Other Crime for Which the Judge Could Imprison You for More Than One Year?¹	<input type="checkbox"/>	<input type="checkbox"/>
	B. A Fugitive from Justice?	<input type="checkbox"/>	<input type="checkbox"/>
	C. An Alien Who is Illegally or Unlawfully in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Under 21 Years of Age?	<input type="checkbox"/>	<input type="checkbox"/>
	E. An Unlawful User of, or Addicted to, Marijuana, or any Depressant, Stimulant or Narcotic Drug, or any other Controlled Substance?	<input type="checkbox"/>	<input type="checkbox"/>
	F. Subject to a Court Order Restraining Him/Her from Harassing, Stalking, or Threatening his/her child or an Intimate Partner or Child or Such Partner?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Give Full Details on a Separate Sheet for All "Yes" Answers in Item 26.</b>		Yes	No
26. Has Applicant or any Person Named in Item 22 Ever:	A. Been Convicted in any Court of a Felony, or any other crime for which the Judge Could Have Imprisoned You for More Than One Year, Even if You Received a Shorter Sentence, Including Probation? <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Been Discharged from the Armed Forces Under Dishonorable Conditions?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Been Adjudicated as a Mental Defective, Which Includes Having Been Adjudicated Incompetent to Manage Your Own Affairs, or Been Committed to any Mental Institution?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Renounced United States Citizenship?	<input type="checkbox"/>	<input type="checkbox"/>
	E. Been Convicted in any Court of a Misdemeanor Crime of Domestic Violence? <i>(See definition #3)</i>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> "Information" is a formal accusation of crime made by a prosecuting attorney, as distinguished from an indictment presented by a grand jury.  
<sup>2</sup> You may answer NO if (a) you have been pardoned for the crime or (b) the conviction has been expunged or set aside or (c) your civil rights have been restored AND you are not prohibited from possessing or receiving any firearms under the law where the conviction occurred.

**27. Applicant Certification (Please read and initial each box)**

- The business to be conducted under the Federal Firearms License is not prohibited by State or local law at the premises shown in item 5. This includes compliance with zoning ordinances.**
- Within 30 days after the application is approved, the business will comply with the requirements of State and local law applicable to the conduct of business.**
- Business will not be conducted under the license until the requirements of State and local law applicable to the business have been met.**
- A completed copy of this form has been sent (mailed or delivered) to the Chief Law Enforcement Officer of the locality in which the premises is located. (See instruction #5.)**
- As required by 18 U.S.C. 923 (d)(1)(G), I certify that secure gun storage or safety devices will be available at any place in which firearms are sold under this Federal Firearms License to persons who are not licensees.**

Name of Chief Law Enforcement Officer (CLEO)

CLEO's Address (Include no., street, city, county, State, and ZIP Code)

**28. Certification: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application and the documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct and complete. This signature, when presented by a duly authorized representative of the Department of Justice, will constitute consent and authority for the appropriate Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding the background of all responsible persons. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records.**

Attach  
2 X 2  
Photograph(s)  
Here  
  
(See Instruction #10)

Sign Here

Title

Date

**For ATF Use Only**

29. Application is <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reasons for Denial of Application
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Signature of Licensing Official	Date
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**Information for the Chief Law Enforcement Officer**

This form provides notification of a person's intent to apply for a Federal firearms license. It requires no action on your part. However, should you have information that may disqualify the person from obtaining a Federal firearms license, please contact the Federal Firearms Licensing Center at 1-866-662-2750. A "Yes" answer to items #24, #25, and #26 could disqualify a person for a license. Also, ATF may not issue a license if the business would be in violation of State or local law.

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1. Name of Owner or Corporation *(If partnership, include name of each partner)*

2. Trade or Business Name, <i>if any</i>	3. Employer Identification Number (EIN#) or Social Security Number (SSN is Voluntary)	4. Name of County in Which Business is Located
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5. Business Address (RFD or street number, city, State, and ZIP code) <i>(NOTE: The business address CANNOT be a P.O. Box.)</i>	6. Mailing Address <i>(If different from address in item #5)</i>
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7. Contact Numbers *(Include Area Code)*

Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ 24 Hour Emergency # *(If different)* \_\_\_\_\_

8. Applicant's Business is *(Select one)*

Individually Owned  
  A Partnership  
  A Corporation  
  Other *(Specify)*

9. Describe Specific Activity Applicant is Engaged in, or Intends to Engage in, Which Requires a Federal Firearms License. <i>(Sale of ammunition alone does not require a license.)</i>	10. Do You Intend to Engage in Business as a Pawnbroker? <input type="checkbox"/> Yes <input type="checkbox"/> No
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11. Application is Made For a License Under 18 U.S.C. Chapter 44 as a: *(Place an "X" in the appropriate box. Submit the fee noted next to the box with the application. Licenses are issued for a 3-year period. See instruction #13 for payment information.)*

Type	Description of License Type	Fee
01/02	Dealer (01), Including Pawnbroker (02), in Firearms Other Than Destructive Devices <i>(Includes: Rifles, Shotguns, Pistols, Revolvers, Gunsmith activities and National Firearms Act (NFA) Weapons)</i>	\$200 <input type="checkbox"/>
06	Manufacturer of Ammunition for Firearms Other Than Ammunition for Destructive Devices or Armor Piercing Ammunition	\$30 <input type="checkbox"/>
07	Manufacturer of Firearms Other Than Destructive Devices	\$150 <input type="checkbox"/>
08	Importer of Firearms Other Than Destructive Devices or Ammunition for Firearms Other Than Destructive Devices, or Ammunition Other Than Armor Piercing Ammunition <i>(NOTE: Importer of handguns and rifles, see instruction #8.)</i>	\$150 <input type="checkbox"/>
09	Dealer in Destructive Devices	\$3000 <input type="checkbox"/>
10	Manufacturer of Destructive Devices, Ammunition for Destructive Devices or Armor Piercing Ammunition	\$3000 <input type="checkbox"/>
11	Importer of Destructive Devices, Ammunition for Destructive Devices or Armor Piercing Ammunition <i>(See instruction #8)</i>	\$3000 <input type="checkbox"/>

Total Fees \$	
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13. Hours of Operation of Applicant's Business <i>(Must be completed)</i>								14. Is Applicant Presently Engaged in a Business Requiring a Federal Firearms License? <i>(If "Yes," answer 14a.)</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No
Time	Sun	Mon	Tues	Wed	Thu	Fri	Sat	
Open								
Close								14a. Present Federal Firearms License Number

15. If You Have Served in the Armed Forces, Provide the Service Serial Number and Military Branch.	Service Serial Number	Military Branch
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16. Applicant's Business Premises Are  
 Owned       Leased/Rented       Military

17. Indicate Type of Business Premises

Zoned Commercial:	Zoned Residential:
<input type="checkbox"/> Store Front	<input type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> Office	<input type="checkbox"/> Condominium/Apartment
<input type="checkbox"/> Rod & Gun Club	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Military Base	<input type="checkbox"/> Public Housing
<input type="checkbox"/> Other <i>(Specify)</i>	

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PROPERTY OWNER.

Name and Address of Property Owner *(If applicable)*

Telephone Number of Property Owner *(If applicable)*

IF THE PREMISES ARE LOCATED ON A MILITARY INSTALLATION, ATTACH A COPY OF WRITTEN AUTHORIZATION FROM THE BASE COMMANDER TO CONDUCT A FIREARMS BUSINESS ON THE MILITARY INSTALLATION.

18. Do You Intend To Make a Profit from Your Business?  
 Yes       No *(If no, do not submit application)*

18a. Do You Intend To Sell Firearms **Only** at Gun Shows?  
 Yes *(If yes, do not submit application)*       No

19. Do You Intend to Use Your License **Only** to Acquire Personal Firearms?  
 Yes *(If yes, do not submit application.)*       No

If Business was Obtained From Someone Else, Provide the Following Information.

20. Name of Previous Business

21. Federal Firearms License Number

22. Provide the Information Required for Each Individual Owner, Partner, and Other Responsible Persons in the Business. See Instruction #10 for Responsible Person Definition. If a Female, List Any Given, Married, and Maiden Names, e.g., "Mary Alice (Smith) Jones," Not "Mrs. John Jones." *(If additional space is needed, use a separate sheet.)* **Each Responsible Person Must Complete All Information in this Section.**

Full Name	Position and Social Security Number <i>(Social Security Number is Voluntary)</i>	Home Address <i>Please provide every address you have had in the last 5 years.</i>	Country of Citizenship <i>List more than one, if applicable. Nonimmigrant aliens must complete all information in item #23.</i>	Place of Birth <i>(City, State, or Foreign Country)</i>	Date of Birth	Race and Ethnicity <i>(Please check one or more boxes)</i>	Sex	Residence Telephone No.
						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		

Full Name	Position and Social Security Number (Social Security Number is Voluntary)	Home Address <i>Please provide every address you have had in the last 5 years.</i>	Country of Citizenship <i>List more than one, if applicable. Nonimmigrant aliens must complete all information in item #23.</i>	Place of Birth <i>(City, State, or Foreign Country)</i>	Date of Birth	Race and Ethnicity <i>(Please check one or more boxes)</i>	Sex	Residence Telephone No.
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23. Nonimmigrant Alien Certification of Compliance With 18 U.S.C. 922(g)(5)(B). If additional space is needed, use a separate sheet.

18 U.S.C. 922(g)(5)(B) generally makes it unlawful for any nonimmigrant alien to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, any firearms or ammunition; or to receive any firearms or ammunition which have been shipped or transported in interstate or foreign commerce. All nonimmigrant aliens listed in item 22 must complete the following information certifying compliance with 18 U.S.C. 922(g)(5)(B).

A. Name of Person Certifying Compliance Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

B. Immigration and Customs Enforcement (ICE) Issued Alien Number or Admission Number (Previously INS Number): \_\_\_\_\_

C. Are you in possession of a valid hunting license or permit lawfully issued in the United States?  Yes  No

1. If you answered "NO," you likely cannot lawfully possess a firearm and therefore cannot be a Federal firearms licensee.
2. If you answered "YES," complete the following information, and attach a copy of the license or permit to the application.

\_\_\_\_\_  
Hunting License or Permit Number, if any

\_\_\_\_\_  
State of Issuance

\_\_\_\_\_  
Expiration Date, if any

Give Full Details on a Separate Sheet for All "Yes" Answers in Items 24 and 25.		Yes	No
24. Has Applicant or any Person Referred to in Item 22 Above:	A. Held a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
	B. Been Denied a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Been an Officer in a Corporation Holding a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Been an Employee of a Federal Firearms Licensee?	<input type="checkbox"/>	<input type="checkbox"/>
	E. Had a Federal Firearms License Revoked?	<input type="checkbox"/>	<input type="checkbox"/>
25. Is Applicant or any Person Named in Item 22 Above:	A. Charged by Information or Under Indictment in any Court for a Felony, or any Other Crime for Which the Judge Could Imprison You for More Than One Year?¹	<input type="checkbox"/>	<input type="checkbox"/>
	B. A Fugitive from Justice?	<input type="checkbox"/>	<input type="checkbox"/>
	C. An Alien Who is Illegally or Unlawfully in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Under 21 Years of Age?	<input type="checkbox"/>	<input type="checkbox"/>
	E. An Unlawful User of, or Addicted to, Marijuana, or any Depressant, Stimulant or Narcotic Drug, or any other Controlled Substance?	<input type="checkbox"/>	<input type="checkbox"/>
	F. Subject to a Court Order Restraining Him/Her from Harassing, Stalking, or Threatening his/her child or an Intimate Partner or Child or Such Partner?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Give Full Details on a Separate Sheet for All "Yes" Answers in Item 26.</b>		Yes	No
26. Has Applicant or any Person Named in Item 22 Ever:	A. Been Convicted in any Court of a Felony, or any other crime for which the Judge Could Have Imprisoned You for More Than One Year, Even if You Received a Shorter Sentence, Including Probation? <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Been Discharged from the Armed Forces Under Dishonorable Conditions?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Been Adjudicated as a Mental Defective, Which Includes Having Been Adjudicated Incompetent to Manage Your Own Affairs, or Been Committed to any Mental Institution?	<input type="checkbox"/>	<input type="checkbox"/>
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- As required by 18 U.S.C. 923 (d)(1)(G), I certify that secure gun storage or safety devices will be available at any place in which firearms are sold under this Federal Firearms License to persons who are not licensees.

Name of Chief Law Enforcement Officer (CLEO)

CLEO's Address (Include no., street, city, county, State, and ZIP Code)

**28. Certification: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application and the documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct and complete. This signature, when presented by a duly authorized representative of the Department of Justice, will constitute consent and authority for the appropriate Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding the background of all responsible persons. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records.**

Attach  
 2 X 2  
 Photograph(s)  
 Here  
 (See Instruction #10)

Sign Here

Title

Date

**For ATF Use Only**

29. Application is <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reasons for Denial of Application
---	-----------------------------------

Signature of Licensing Official	Date
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Cell Phone \_\_\_\_\_ 24 Hour Emergency # *(If different)* \_\_\_\_\_

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  Other *(Specify)*

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01/02	Dealer (01), Including Pawnbroker (02), in Firearms Other Than Destructive Devices (Includes: Rifles, Shotguns, Pistols, Revolvers, Gunsmith activities and National Firearms Act (NFA) Weapons)	\$200 <input type="checkbox"/>
06	Manufacturer of Ammunition for Firearms Other Than Ammunition for Destructive Devices or Armor Piercing Ammunition	\$30 <input type="checkbox"/>
07	Manufacturer of Firearms Other Than Destructive Devices	\$150 <input type="checkbox"/>
08	Importer of Firearms Other Than Destructive Devices or Ammunition for Firearms Other Than Destructive Devices, or Ammunition Other Than Armor Piercing Ammunition <i>(NOTE: Importer of handguns and rifles, see instruction #8.)</i>	\$150 <input type="checkbox"/>
09	Dealer in Destructive Devices	\$3000 <input type="checkbox"/>
10	Manufacturer of Destructive Devices, Ammunition for Destructive Devices or Armor Piercing Ammunition	\$3000 <input type="checkbox"/>
11	Importer of Destructive Devices, Ammunition for Destructive Devices or Armor Piercing Ammunition <i>(See instruction #8)</i>	\$3000 <input type="checkbox"/>

	Total Fees \$
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13. Hours of Operation of Applicant's Business <i>(Must be completed)</i>								14. Is Applicant Presently Engaged in a Business Requiring a Federal Firearms License? <i>(If "Yes," answer 14a.)</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No
Time	Sun	Mon	Tues	Wed	Thu	Fri	Sat	
Open								
Close								14a. Present Federal Firearms License Number

15. If You Have Served in the Armed Forces, Provide the Service Serial Number and Military Branch.	Service Serial Number	Military Branch
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16. Applicant's Business Premises Are  
 Owned       Leased/Rented       Military  
 IF RENTED OR LEASED, PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PROPERTY OWNER.

Name and Address of Property Owner *(If applicable)*

---

Telephone Number of Property Owner *(If applicable)*

18. Do You Intend To Make a Profit from Your Business?  
 Yes       No *(If no, do not submit application)*

18a. Do You Intend To Sell Firearms **Only** at Gun Shows?  
 Yes *(If yes, do not submit application)*       No

17. Indicate Type of Business Premises

Zoned Commercial:	Zoned Residential:
<input type="checkbox"/> Store Front	<input type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> Office	<input type="checkbox"/> Condominium/Apartment
<input type="checkbox"/> Rod & Gun Club	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Military Base	<input type="checkbox"/> Public Housing
<input type="checkbox"/> Other <i>(Specify)</i>	

IF THE PREMISES ARE LOCATED ON A MILITARY INSTALLATION, ATTACH A COPY OF WRITTEN AUTHORIZATION FROM THE BASE COMMANDER TO CONDUCT A FIREARMS BUSINESS ON THE MILITARY INSTALLATION.

19. Do You Intend to Use Your License **Only** to Acquire Personal Firearms?  
 Yes *(If yes, do not submit application.)*       No

If Business was Obtained From Someone Else, Provide the Following Information.

20. Name of Previous Business

21. Federal Firearms License Number

22. Provide the Information Required for Each Individual Owner, Partner, and Other Responsible Persons in the Business. See Instruction #10 for Responsible Person Definition. If a Female, List Any Given, Married, and Maiden Names, e.g., "Mary Alice (Smith) Jones," Not "Mrs. John Jones." *(If additional space is needed, use a separate sheet.) Each Responsible Person Must Complete All Information in this Section.*

Full Name	Position and Social Security Number <i>(Social Security Number is Voluntary)</i>	Home Address <i>Please provide every address you have had in the last 5 years.</i>	Country of Citizenship <i>List more than one, if applicable. Nonimmigrant aliens must complete all information in item #23.</i>	Place of Birth <i>(City, State, or Foreign Country)</i>	Date of Birth	Race and Ethnicity <i>(Please check one or more boxes)</i>	Sex	Residence Telephone No.
						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		

Full Name	Position and Social Security Number (Social Security Number is Voluntary)	Home Address <i>Please provide every address you have had in the last 5 years.</i>	Country of Citizenship <i>List more than one, if applicable. Nonimmigrant aliens must complete all information in item #23.</i>	Place of Birth <i>(City, State, or Foreign Country)</i>	Date of Birth	Race and Ethnicity <i>(Please check one or more boxes)</i>	Sex	Residence Telephone No.
						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		

23. Nonimmigrant Alien Certification of Compliance With 18 U.S.C. 922(g)(5)(B). If additional space is needed, use a separate sheet.

18 U.S.C. 922(g)(5)(B) generally makes it unlawful for any nonimmigrant alien to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, any firearms or ammunition; or to receive any firearms or ammunition which have been shipped or transported in interstate or foreign commerce. All nonimmigrant aliens listed in item 22 must complete the following information certifying compliance with 18 U.S.C. 922(g)(5)(B).

A. Name of Person Certifying Compliance Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

B. Immigration and Customs Enforcement (ICE) Issued Alien Number or Admission Number (Previously INS Number): \_\_\_\_\_

C. Are you in possession of a valid hunting license or permit lawfully issued in the United States?  Yes  No

1. If you answered "NO," you likely cannot lawfully possess a firearm and therefore cannot be a Federal firearms licensee.
2. If you answered "YES," complete the following information, and attach a copy of the license or permit to the application.

\_\_\_\_\_  
Hunting License or Permit Number, if any

\_\_\_\_\_  
State of Issuance

\_\_\_\_\_  
Expiration Date, if any

Give Full Details on a Separate Sheet for All "Yes" Answers in Items 24 and 25.		Yes	No
24. Has Applicant or any Person Referred to in Item 22 Above:	A. Held a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
	B. Been Denied a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Been an Officer in a Corporation Holding a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Been an Employee of a Federal Firearms Licensee?	<input type="checkbox"/>	<input type="checkbox"/>
	E. Had a Federal Firearms License Revoked?	<input type="checkbox"/>	<input type="checkbox"/>
25. Is Applicant or any Person Named in Item 22 Above:	A. Charged by Information or Under Indictment in any Court for a Felony, or any Other Crime for Which the Judge Could Imprison You for More Than One Year?¹	<input type="checkbox"/>	<input type="checkbox"/>
	B. A Fugitive from Justice?	<input type="checkbox"/>	<input type="checkbox"/>
	C. An Alien Who is Illegally or Unlawfully in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Under 21 Years of Age?	<input type="checkbox"/>	<input type="checkbox"/>
	E. An Unlawful User of, or Addicted to, Marijuana, or any Depressant, Stimulant or Narcotic Drug, or any other Controlled Substance?	<input type="checkbox"/>	<input type="checkbox"/>
	F. Subject to a Court Order Restraining Him/Her from Harassing, Stalking, or Threatening his/her child or an Intimate Partner or Child or Such Partner?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Give Full Details on a Separate Sheet for All "Yes" Answers in Item 26.</b>		Yes	No
26. Has Applicant or any Person Named in Item 22 Ever:	A. Been Convicted in any Court of a Felony, or any other crime for which the Judge Could Have Imprisoned You for More Than One Year, Even if You Received a Shorter Sentence, Including Probation? <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Been Discharged from the Armed Forces Under Dishonorable Conditions?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Been Adjudicated as a Mental Defective, Which Includes Having Been Adjudicated Incompetent to Manage Your Own Affairs, or Been Committed to any Mental Institution?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Renounced United States Citizenship?	<input type="checkbox"/>	<input type="checkbox"/>
	E. Been Convicted in any Court of a Misdemeanor Crime of Domestic Violence? <i>(See definition #3)</i>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> "Information" is a formal accusation of crime made by a prosecuting attorney, as distinguished from an indictment presented by a grand jury.  
<sup>2</sup> You may answer NO if (a) you have been pardoned for the crime or (b) the conviction has been expunged or set aside or (c) your civil rights have been restored AND you are not prohibited from possessing or receiving any firearms under the law where the conviction occurred.

**27. Applicant Certification (Please read and initial each box)**

- The business to be conducted under the Federal Firearms License is not prohibited by State or local law at the premises shown in item 5. This includes compliance with zoning ordinances.**
- Within 30 days after the application is approved, the business will comply with the requirements of State and local law applicable to the conduct of business.**
- Business will not be conducted under the license until the requirements of State and local law applicable to the business have been met.**
- A completed copy of this form has been sent (mailed or delivered) to the Chief Law Enforcement Officer of the locality in which the premises is located. (See instruction #5.)**
- As required by 18 U.S.C. 923 (d)(1)(G), I certify that secure gun storage or safety devices will be available at any place in which firearms are sold under this Federal Firearms License to persons who are not licensees.**

Name of Chief Law Enforcement Officer (CLEO)

CLEO's Address (Include no., street, city, county, State, and ZIP Code)

**28. Certification: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application and the documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct and complete. This signature, when presented by a duly authorized representative of the Department of Justice, will constitute consent and authority for the appropriate Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding the background of all responsible persons. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records.**

Attach  
 2 X 2  
 Photograph(s)  
 Here  
 (See Instruction #10)

Sign Here

Title

Date

**For ATF Use Only**

29. Application is  Approved  Denied

Reasons for Denial of Application

Signature of Licensing Official

Date

**Information for the Chief Law Enforcement Officer**

This form provides notification of a person's intent to apply for a Federal firearms license. It requires no action on your part. However, should you have information that may disqualify the person from obtaining a Federal firearms license, please contact the Federal Firearms Licensing Center at 1-866-662-2750. A "Yes" answer to items #24, #25, and #26 could disqualify a person for a license. Also, ATF may not issue a license if the business would be in violation of State or local law.

## Application for Federal Firearms License

**For ATF Use Only**

1. Name of Owner or Corporation *(If partnership, include name of each partner)*

2. Trade or Business Name, <i>if any</i>	3. Employer Identification Number (EIN#) or Social Security Number (SSN is Voluntary)	4. Name of County in Which Business is Located
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5. Business Address (RFD or street number, city, State, and ZIP code) <i>(NOTE: The business address CANNOT be a P.O. Box.)</i>	6. Mailing Address <i>(If different from address in item #5)</i>
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7. Contact Numbers *(Include Area Code)*

Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ 24 Hour Emergency # *(If different)* \_\_\_\_\_

8. Applicant's Business is *(Select one)*

Individually Owned   
  A Partnership   
  A Corporation   
  Other *(Specify)*

9. Describe Specific Activity Applicant is Engaged in, or Intends to Engage in, Which Requires a Federal Firearms License. <i>(Sale of ammunition alone does not require a license.)</i>	10. Do You Intend to Engage in Business as a Pawnbroker? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

11. Application is Made For a License Under 18 U.S.C. Chapter 44 as a: *(Place an "X" in the appropriate box. Submit the fee noted next to the box with the application. Licenses are issued for a 3-year period. See instruction #13 for payment information.)*

Type	Description of License Type	Fee
01/02	Dealer (01), Including Pawnbroker (02), in Firearms Other Than Destructive Devices <i>(Includes: Rifles, Shotguns, Pistols, Revolvers, Gunsmith activities and National Firearms Act (NFA) Weapons)</i>	\$200 <input type="checkbox"/>
06	Manufacturer of Ammunition for Firearms Other Than Ammunition for Destructive Devices or Armor Piercing Ammunition	\$30 <input type="checkbox"/>
07	Manufacturer of Firearms Other Than Destructive Devices	\$150 <input type="checkbox"/>
08	Importer of Firearms Other Than Destructive Devices or Ammunition for Firearms Other Than Destructive Devices, or Ammunition Other Than Armor Piercing Ammunition <i>(NOTE: Importer of handguns and rifles, see instruction #8.)</i>	\$150 <input type="checkbox"/>
09	Dealer in Destructive Devices	\$3000 <input type="checkbox"/>
10	Manufacturer of Destructive Devices, Ammunition for Destructive Devices or Armor Piercing Ammunition	\$3000 <input type="checkbox"/>
11	Importer of Destructive Devices, Ammunition for Destructive Devices or Armor Piercing Ammunition <i>(See instruction #8)</i>	\$3000 <input type="checkbox"/>

	Total Fees \$
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13. Hours of Operation of Applicant's Business <i>(Must be completed)</i>								14. Is Applicant Presently Engaged in a Business Requiring a Federal Firearms License? <i>(If "Yes," answer 14a.)</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No
Time	Sun	Mon	Tues	Wed	Thu	Fri	Sat	
Open								
Close								14a. Present Federal Firearms License Number

15. If You Have Served in the Armed Forces, Provide the Service Serial Number and Military Branch.	Service Serial Number	Military Branch
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16. Applicant's Business Premises Are  
 Owned       Leased/Rented       Military  
 IF RENTED OR LEASED, PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PROPERTY OWNER.

Name and Address of Property Owner *(If applicable)*

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Telephone Number of Property Owner *(If applicable)*

18. Do You Intend To Make a Profit from Your Business?  
 Yes       No *(If no, do not submit application)*

18a. Do You Intend To Sell Firearms **Only** at Gun Shows?  
 Yes *(If yes, do not submit application)*       No

17. Indicate Type of Business Premises

Zoned Commercial:	Zoned Residential:
<input type="checkbox"/> Store Front	<input type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> Office	<input type="checkbox"/> Condominium/Apartment
<input type="checkbox"/> Rod & Gun Club	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Military Base	<input type="checkbox"/> Public Housing
<input type="checkbox"/> Other <i>(Specify)</i>	

IF THE PREMISES ARE LOCATED ON A MILITARY INSTALLATION, ATTACH A COPY OF WRITTEN AUTHORIZATION FROM THE BASE COMMANDER TO CONDUCT A FIREARMS BUSINESS ON THE MILITARY INSTALLATION.

19. Do You Intend to Use Your License **Only** to Acquire Personal Firearms?  
 Yes *(If yes, do not submit application.)*       No

If Business was Obtained From Someone Else, Provide the Following Information.

20. Name of Previous Business

21. Federal Firearms License Number

22. Provide the Information Required for Each Individual Owner, Partner, and Other Responsible Persons in the Business. See Instruction #10 for Responsible Person Definition. If a Female, List Any Given, Married, and Maiden Names, e.g., "Mary Alice (Smith) Jones," Not "Mrs. John Jones." *(If additional space is needed, use a separate sheet.)* **Each Responsible Person Must Complete All Information in this Section.**

Full Name	Position and Social Security Number <i>(Social Security Number is Voluntary)</i>	Home Address <i>Please provide every address you have had in the last 5 years.</i>	Country of Citizenship <i>List more than one, if applicable. Nonimmigrant aliens must complete all information in item #23.</i>	Place of Birth <i>(City, State, or Foreign Country)</i>	Date of Birth	Race and Ethnicity <i>(Please check one or more boxes)</i>	Sex	Residence Telephone No.
						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		

Full Name	Position and Social Security Number (Social Security Number is Voluntary)	Home Address <i>Please provide every address you have had in the last 5 years.</i>	Country of Citizenship <i>List more than one, if applicable. Nonimmigrant aliens must complete all information in item #23.</i>	Place of Birth <i>(City, State, or Foreign Country)</i>	Date of Birth	Race and Ethnicity <i>(Please check one or more boxes)</i>	Sex	Residence Telephone No.
						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
						<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		

23. Nonimmigrant Alien Certification of Compliance With 18 U.S.C. 922(g)(5)(B). If additional space is needed, use a separate sheet.

18 U.S.C. 922(g)(5)(B) generally makes it unlawful for any nonimmigrant alien to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, any firearms or ammunition; or to receive any firearms or ammunition which have been shipped or transported in interstate or foreign commerce. All nonimmigrant aliens listed in item 22 must complete the following information certifying compliance with 18 U.S.C. 922(g)(5)(B).

A. Name of Person Certifying Compliance Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

B. Immigration and Customs Enforcement (ICE) Issued Alien Number or Admission Number (*Previously INS Number*): \_\_\_\_\_

C. Are you in possession of a valid hunting license or permit lawfully issued in the United States?  Yes  No

1. If you answered "NO," you likely cannot lawfully possess a firearm and therefore cannot be a Federal firearms licensee.
2. If you answered "YES," complete the following information, and attach a copy of the license or permit to the application.

\_\_\_\_\_  
Hunting License or Permit Number, if any

\_\_\_\_\_  
State of Issuance

\_\_\_\_\_  
Expiration Date, if any

Give Full Details on a Separate Sheet for All "Yes" Answers in Items 24 and 25.		Yes	No
24. Has Applicant or any Person Referred to in Item 22 Above:	A. Held a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
	B. Been Denied a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Been an Officer in a Corporation Holding a Federal Firearms License?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Been an Employee of a Federal Firearms Licensee?	<input type="checkbox"/>	<input type="checkbox"/>
	E. Had a Federal Firearms License Revoked?	<input type="checkbox"/>	<input type="checkbox"/>
25. Is Applicant or any Person Named in Item 22 Above:	A. Charged by Information or Under Indictment in any Court for a Felony, or any Other Crime for Which the Judge Could Imprison You for More Than One Year?¹	<input type="checkbox"/>	<input type="checkbox"/>
	B. A Fugitive from Justice?	<input type="checkbox"/>	<input type="checkbox"/>
	C. An Alien Who is Illegally or Unlawfully in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Under 21 Years of Age?	<input type="checkbox"/>	<input type="checkbox"/>
	E. An Unlawful User of, or Addicted to, Marijuana, or any Depressant, Stimulant or Narcotic Drug, or any other Controlled Substance?	<input type="checkbox"/>	<input type="checkbox"/>
	F. Subject to a Court Order Restraining Him/Her from Harassing, Stalking, or Threatening his/her child or an Intimate Partner or Child or Such Partner?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Give Full Details on a Separate Sheet for All "Yes" Answers in Item 26.</b>		Yes	No
26. Has Applicant or any Person Named in Item 22 Ever:	A. Been Convicted in any Court of a Felony, or any other crime for which the Judge Could Have Imprisoned You for More Than One Year, Even if You Received a Shorter Sentence, Including Probation? <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Been Discharged from the Armed Forces Under Dishonorable Conditions?	<input type="checkbox"/>	<input type="checkbox"/>
	C. Been Adjudicated as a Mental Defective, Which Includes Having Been Adjudicated Incompetent to Manage Your Own Affairs, or Been Committed to any Mental Institution?	<input type="checkbox"/>	<input type="checkbox"/>
	D. Renounced United States Citizenship?	<input type="checkbox"/>	<input type="checkbox"/>
	E. Been Convicted in any Court of a Misdemeanor Crime of Domestic Violence? <i>(See definition #3)</i>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> "Information" is a formal accusation of crime made by a prosecuting attorney, as distinguished from an indictment presented by a grand jury.  
<sup>2</sup> You may answer NO if (a) you have been pardoned for the crime or (b) the conviction has been expunged or set aside or (c) your civil rights have been restored AND you are not prohibited from possessing or receiving any firearms under the law where the conviction occurred.

**27. Applicant Certification (Please read and initial each box)**

- The business to be conducted under the Federal Firearms License is not prohibited by State or local law at the premises shown in item 5. This includes compliance with zoning ordinances.
- Within 30 days after the application is approved, the business will comply with the requirements of State and local law applicable to the conduct of business.
- Business will not be conducted under the license until the requirements of State and local law applicable to the business have been met.
- A completed copy of this form has been sent *(mailed or delivered)* to the Chief Law Enforcement Officer of the locality in which the premises is located. *(See instruction #5.)*
- As required by 18 U.S.C. 923 (d)(1)(G), I certify that secure gun storage or safety devices will be available at any place in which firearms are sold under this Federal Firearms License to persons who are not licensees.

Name of Chief Law Enforcement Officer (CLEO)

CLEO's Address (Include no., street, city, county, State, and ZIP Code)

**28. Certification: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application and the documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct and complete. This signature, when presented by a duly authorized representative of the Department of Justice, will constitute consent and authority for the appropriate Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding the background of all responsible persons. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records.**

Attach  
 2 X 2  
 Photograph(s)  
 Here  
  
*(See Instruction #10)*

Sign Here

Title

Date

**For ATF Use Only**

29. Application is <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reasons for Denial of Application
---	-----------------------------------

Signature of Licensing Official	Date
---------------------------------	------

**Information for the Chief Law Enforcement Officer**

This form provides notification of a person's intent to apply for a Federal firearms license. It requires no action on your part. However, should you have information that may disqualify the person from obtaining a Federal firearms license, please contact the Federal Firearms Licensing Center at 1-866-662-2750. A "Yes" answer to items #24, #25, and #26 could disqualify a person for a license. Also, ATF may not issue a license if the business would be in violation of State or local law.



**Instruction Sheet For ATF Form 7 (5310.12)**  
**(Detach this instruction sheet before submitting your application.)**

1. TYPE or PRINT with ball-point pen, except for the signature in item 28. Any attached sheets must:
  - a. Be identified with your name, trade name, address, and Employer Identification Number or Social Security Number (*Social Security Number is Voluntary*) at the top of each page.
  - b. Refer to the questions being answered.
2. **Issuance of your license will be delayed if the fee is not included or incorrect, or if the form is incomplete or otherwise improperly prepared.**
3. A license Under 18 U.S.C. Chapter 44:
  - a. Is **NOT** a license to carry, use, or possess a firearm.
  - b. Confers **NO** right or privilege to conduct business or activity contrary to State or other law.
  - c. Is a business license, and will **NOT** be issued to an applicant solely intending to enhance a personal firearms collection. Applicants for a collector of curios and relics license must submit an ATF Form 7CR (5310.16).
  - d. Is **NOT** a license to sell ammunition only.
  - e. Is **NOT** a license to buy and sell firearms at gun shows only.
4. In most cases, ATF will contact you prior to issuance of a license. If you do not qualify for a license, you will be advised in writing of the reasons for denial and your application fee will be returned. Please note ATF cannot place calls to blocked numbers.
5. Applicants must submit "copy 3" of this form to the Chief Law Enforcement Officer (CLEO) of the locality in which the premises sought to be licensed are located. The CLEO is the Chief of Police, the Sheriff, or an equivalent officer, or the designee of such individual.
6. State laws or local ordinances may have requirements affecting your proposed firearms business. Contact your State and local authorities for specific information on their requirements, see item #27.
7. The certification in item 28 must be signed by the owner, a partner, or in the case of a corporation, association, etc., by an officer duly authorized to sign for the applicant.
8. Applicants intending to import firearms and ammunition may need to register with ATF under the provisions of the Arms Export Control Act. Contact the Firearms and Explosives Imports Branch at (304) 616-4550 for further information on registration.
9. Applicants intending to deal in, import, or manufacture weapons subject to the National Firearms Act (e.g., machineguns, short-barrel shotguns, and destructive devices) are required to pay a Special (Occupational) Tax. Contact the National Firearms Act Branch at (304) 616-4500.
10. **IMPORTANT!!** All responsible persons, to include sole proprietors, must submit a properly prepared FD-258 (*Fingerprint Card*) with this application. Fingerprints must be taken by appropriate law enforcement authorities on the enclosed pre-printed FD-258. The pre-printed FD-258 should reflect "WVATF1100, ATF-FFLC, MARTINSBURG, WV" to preclude rejection of your fingerprints. A 2" x 2" frontal view photograph, taken within the last 6 months, and clearly showing a full front view of the features of the applicant with head bare, must also accompany this application. Please ensure that each photograph is clearly identified on the reverse with the full name of the responsible person to whom the photograph applies, and attach to ATF Form 7 (5310.12) in the space provided on copy 1. If there are multiple responsible persons, affix each photograph (*with tape*) of each responsible person to a separate sheet of paper and attach to this form.

**IN ADDITION TO A SOLE PROPRIETOR, A RESPONSIBLE PERSON IS:**

In the case of a corporation, partnership, or association, any individual possessing, directly or indirectly, the power to direct or cause the direction of the management, policies, and practices of the corporation, partnership, or association, insofar as they pertain to firearms.

11. **MULTIPLE LICENSES** - You can apply for more than one license if the business is to be conducted at the same location, by checking more than one type of license in Item #11. If business is to be conducted at multiple locations, a separate application and license fee is required for each business location.
12. This form requires you to authorize the release of certain information to ATF such as medical information/records. (See item 28). This information is used to determine, for example, whether the applicant has ever been adjudicated as a mental defective or committed to any mental institution. This information is protected by the Privacy Act of 1974 and cannot be disclosed without your written authorization.
13. **PLEASE FORWARD THE APPLICATION WITH FEE, PHOTOGRAPH(S), AND FINGERPRINT CARD(S) TO:**

**BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES**  
**P.O. BOX 409567**  
**ATLANTA, GA 30384-9567**

YOU CAN PAY BY CREDIT/DEBIT CARD (*if you chose this option, complete item #12*), OR CHECK OR MONEY ORDER MADE PAYABLE TO ATF. PLEASE DO NOT SEND CASH.

IF YOU HAVE ANY QUESTIONS RELATING TO THIS APPLICATION, PLEASE CONTACT THE ATF FEDERAL FIREARMS LICENSING CENTER, 244 NEEDEY ROAD, MARTINSBURG, WEST VIRGINIA 25405, (304) 616-4600 OR TOLL FREE 1-866-662-2750, OR YOUR LOCAL ATF INDUSTRY OPERATIONS OFFICE.

## Definitions

- 1. Restraining Order** - Under 18 U.S.C. 922 (g)(8), firearms may not be possessed or received by persons subject to a court order that: (A) was issued after a hearing of which the person received actual notice and had an opportunity to participate in; (B) restrains such person from harassing, stalking, or threatening an intimate partner or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child; and (C) (i) includes a finding that such person represents a credible threat to the physical safety of such intimate partner or child; or (ii) by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury.
- 2. Intimate Partner** - With respect to a person, the spouse of the person, a former spouse of the person, an individual who is a parent of a child of the person, or an individual who cohabitates or has cohabitated with the person.
- 3. Misdemeanor Crime of Domestic Violence** - A Federal, State, or local offense that is a misdemeanor under Federal or State law and has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim. The term includes all misdemeanors that have as an element the use or attempted use of physical force or the threatened use of a deadly weapon (*e.g., assault and battery*), if the offense is committed by one of the defined parties.
- 4. Secure Gun Storage or Safety Device** - (A) a device that, when installed on a firearm, is designed to prevent the firearm from being operated without first deactivating the device; (B) a device incorporated into the design of the firearm that is designed to prevent the operation of the firearm by anyone not having access to the device; or (C) a safe, gun safe, gun case, lock box, or other device that is designed to be or can be used to store a firearm and that is designed to be unlocked only by means of a key, a combination, or other similar means.
- 5. Nonimmigrant Alien** - An alien in the United States in a nonimmigrant classification. The definition includes, in large part, persons traveling temporarily in the United States for business or pleasure, persons studying in the United States who maintain a residence abroad, and certain foreign workers. The definition does NOT include permanent resident aliens.
- 6. Hunting License or Permit Lawfully Issued in the United States** - A license or permit issued by a State for hunting which is valid and unexpired.

## Privacy Act Information

The following information is provided pursuant to Section 3 of the Privacy Act of 1974 (5 U.S.C. § 552 a(e)(3)):

- 1. Authority.** Solicitation of this information is authorized pursuant to 18 U.S.C. § 923 (a) of the Gun Control Act of 1968. Disclosure of this information is mandatory if the applicant wishes to obtain a Federal Firearms License.
- 2. Purpose.** To determine the eligibility of the applicant to obtain a firearms license, and to determine the ownership of the business, the type of firearms or ammunition to be dealt in, the business hours, the business history, and the identity of the responsible persons in the business.
- 3. Routine Uses.** The information will be used by ATF to make determinations set forth in paragraph 2. In addition, information may be disclosed to other Federal, State, foreign, and local law enforcement and regulatory agency personnel to verify information on the application and to aid in the performance of their duties with respect to the enforcement and regulation of firearms and/or ammunition where such disclosure is not prohibited by law. The information may further be disclosed to the Justice Department if it appears that the furnishing of false information may constitute a violation of Federal law. Finally, the information may be disclosed to members of the public in order to verify the information on the application when such disclosure is not prohibited by law.
- 4. Effects of Not Supplying Information Requested.** Failure to supply complete information will delay processing and may result in denial of the application.
- 5. Disclosure of Social Security Number.** Disclosure of the individual's social security number is voluntary. Under 18 U.S.C. § 923 (a), ATF has the authority to solicit this information. The number may be used to verify the individual's identity. See Section 7(b) of the Privacy Act.

## Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required to obtain or retain a benefit and is mandatory by statute (18 U.S.C. § 923).

The estimated average burden associated with this collection is 1 hour and 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.