





POSITIO	ON APPLYING	FOR				OFFICE USE O	NLY		
_ 0					Application F	Received			
□ Owner					Fees Paid _	Amount	Date		
	□ Employee						te Time		
□ Other (specify)				Status of Ap	plication	Date		
□ N	ew □ Renev	wal			Permit Valid	Date to	Date		
I HEREBY SUBMIT MY APPLICATION for a Retail Firearms permit pursuant to Penal Code Sections 12070 and 12071.									
Applicant Name:					DOB:				
	Last		First	ľ	Middle				
Aliases, or o	ther names us	sed:				Sex: Male □	Female □		
Address:									
ļ	Number	Street			City		Zip		
Prior Addres (List for past 3 years	sses:								
Phone:									
	Home		Ce	Cell		Msg/Other			
CA Drivers L	icense / ID Ca	ard Numbe	er:						
			· ·						
Physical Description: Height			Weight		——————————————————————————————————————	 air	Eyes		
Scars / Marks / Tattoos:									
BUSINESS	INFORMATIO	N							
Name of the	Business:								
	ber of Busines								
Proposed or Established Business Hours:									
TIME	MON	TUE	WED	THUR	FRI	I SAT	SUN		
OPEN									
CLOSE									
Dealer Federal Firearms License (FFL) Number: Expiration Date:									
Board of Equalization Seller's Permit Number:									
-1	_		-						

SIMILAR BUSINESS OR EMPLOYMENT HISTORY:

Have you previously been employed in a Retail Firearms business?

Yes □ No □ If yes, complete the following: Date **Business/Occupation Address Phone** From To Was any action ever taken against your license or permit? Yes □ No □ Was your license or permit ever suspended or revoked? Yes □ No □ If you answered yes to either of the above questions, provide a detailed explanation below. Include dates, locations, and involved agencies. **BACKGROUND INFORMATION:** Have you ever been arrested or convicted of any of the following? YES NO 1. Have you ever been charged by information or under indictment by any court, for any crime? 2. Are you currently on Probation or Parole for any crime? 3. Have you ever been a fugitive from justice? 4. Are you under 21 years of age? Have you ever been committed, voluntarily or 5. involuntarily, to a mental hospital or psychiatric examination? 6. Have you ever been required to undergo a psychological or psychiatric examination? 7. Have you ever received counseling for domestic violence? 8. Have you ever been the subject of any restraining order, whether temporary of permanent? 9. Have you ever been an unlawful user or addicted to any narcotic, drug or alcohol? 10. Do you have any restrictions on your driving privileges? 11. Have you ever had a CCW permit in this or any other state? 12. Have you ever had a CCW permit denied to you? 13. Have you ever been involved in an accident with a firearm?

		YES	NO
14.	If you were in the military, were you ever arrested, charged or convicted of any crime?		
15.	If you were in the military, was your discharge anything other than honorable?		
16.	Have you ever had any action taken against your Federal Firearms License (FFL)?		
17.	Do you intend to sell any assault type weapons, or parts for assault weapons, as listed in Penal Code 12080?		
18.	Have you ever been a member of a street gang or other unlawful organization?		
19.	Have you ever been involved in any activity that would prevent you from lawfully owning or possessing a firearm?		
20.	Have you ever been adjudicated as a ward of the juvenile court because of the commission of a 707(b) W&I offence?		
21.	Have you ever been found by a court to be a danger to yourself or others?		
22.	Have you ever been found by a court to be not guilty by reason of insanity?		
23.	Have you ever been found by a court to be a mentally disordered sex offender?		
25.	Have you ever been placed on conservatorship because you were / are gravely disabled?		
	answered YES to any of the above questions, give a complete explanation of nse with dates and locations.	f each, inclu	ding type
unders	I certify, under the penalty of perjury, that by signing and submitting this appents contained herein are true and correct. I have not omitted or concealed a stand that knowingly making a false statement, or concealing or omitting any in the denial of a permit to sell retail firearms, the revocation of an existing permit to sell retail firearms.	any material material fac	facts. I t, may
Signed	d: Date:		

Return this completed application and all supporting documents to:

Turlock Police Department 244 N. Broadway Turlock, CA 95380