

TURLOCK POLICE DEPARTMENT APPLICATION FOR RETAIL FIREARMS PERMIT



POSITION APPLYING FOR	OFFICE USE ONLY
 Owner Employee Other (specify) New Renewal 	Application Received Fees Paid Amount Date Fingerprint Appointment

I HEREBY SUBMIT MY APPLICATION for a Retail Firearms permit pursuant to Penal Code Sections 12070 and 12071.

Applicant Na	ame:						DOB:	
	Last		First		Middle			
Aliases, or c	other names us	ed:				Sex:	Male □	Female 🗆
Address:								
	Number	Street			City		Z	ïp
Prior Addres	SSES: s)							
Phone:	Home		Ce	511	_	M<	sg/Other	
	Tiome		Ce	-11		IVIC	sy/Other	
CA Drivers L	_icense / ID Ca	ard Number: _						
Physical De	scription:							
Sca	rs / Marks / Ta	Height	V	Veight		Hair		Eyes
Oca	137 Marks / 14							
BUSINESS	INFORMATIO	N						
Name of the	Business:					_		
Address of E	Business:					_		
Phone Num	ber of Busines	s:				_		
Proposed or	Established B	usiness Hour	s:					
TIME	MON	TUE	WED	THUR	F	RI	SAT	SUN
OPEN								
CLOSE								

Dealer Federal Firearms License (FFL) Number: _____ Expiration Date: _____

Board of Equalization Seller's Permit Number:

Department of Justice (DOJ) Certificate of Eligibility Number:

SIMILAR BUSINESS OR EMPLOYMENT HISTORY:

Have you previously been employed in a Retail Firearms business?

Yes \square No \square If yes, complete the following:

	,		Date			
Business/Occupation	Address	Phone	I	From	То	
Was any action ever taken aga	inst your license or permit?	Yes □	No 🗆			
Was your license or permit eve	r suspended or revoked?	Yes □	No 🗆			
If you answered yes to either o dates, locations, and involved a		e a detailed e	xplanatio	on below.	Include	

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?			
5.	Have you ever been committed, voluntarily or 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?		

If you answered YES to any of the above questions, give a complete explanation of each, including type of offense with dates and locations.

I certify, under the penalty of perjury, that by signing and submitting this application, all of the statements contained herein are true and correct. I have not omitted or concealed any material facts. I understand that knowingly making a false statement, or concealing or omitting any material fact, may result in the denial of a permit to sell retail firearms, the revocation of an existing permit and / or criminal action.

Date:

Return this completed application and all supporting documents to:

Turlock Police Department 244 N. Broadway Turlock, CA 95380