

INDIANA STATE POLICE  
FIREARM LICENSING SECTION  
Room 312, 100 N. Senate Avenue  
Indianapolis, IN 46204

**APPLICATION FOR FIREARMS DEALERS LICENSE**  
(In Accordance with the Provisions of the Uniform Firearms Act)  
READ CAREFULLY AND FOLLOW INSTRUCTIONS:

COUNTY OF: \_\_\_\_\_

DATE: \_\_\_\_\_

**TYPE OR PRINT ALL INFORMATION**

1. NAME OF APPLICANT (if partnership, separate application of each partner.) \_\_\_\_\_

2. TRADE NAME, if any (D.B.A.) \_\_\_\_\_

3. BUSINESS ADDRESS (Number, Street, R.R., P.O. Box, City, State, Zip Code) \_\_\_\_\_

4. BUSINESS TELEPHONE NO.: \_\_\_\_\_

5. RESIDENT ADDRESS (Number, Street, R.R., P.O. Box, City, State, Zip Code) \_\_\_\_\_

RESIDENT TELEPHONE NO.: \_\_\_\_\_

AGE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ NATIONALITY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
Month Day Year

PLACE OF BIRTH \_\_\_\_\_ COMPLEXION \_\_\_\_\_

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ BUILD \_\_\_\_\_ HAIR \_\_\_\_\_

EYE COLOR \_\_\_\_\_ OCCUPATION \_\_\_\_\_

Have you previously held an Indiana Firearm Dealers License? \_\_\_\_\_

If yes, what year \_\_\_\_\_ License Number \_\_\_\_\_

Has your dealers license ever been revoked? \_\_\_\_\_ Year Revoked \_\_\_\_\_

If answer is "yes" give reason \_\_\_\_\_

6. FEE: ~~\$20.00~~ **60<sup>00</sup>**

Make Payable to:  
**STATE OF INDIANA**

Payment for License is attached or enclosed in the form of:

Certified Check  
 Money Order  
 Other

(DO NOT SEND CASH  
OR PERSONAL CHECK)

7. THE APPLICANT BUSINESS IS:  INDIVIDUALLY OWNED  PARTNERSHIP  A CORPORATION  
 OTHER (Specify) \_\_\_\_\_

8. THE APPLICANT BUSINESS IS LOCATED IN:  A COMMERCIAL BUILDING  A RESIDENCE  
 OTHER (Specify) \_\_\_\_\_

9. Is any business other than that for which this license application is being made conducted on the business premises?  YES  NO  
If "yes" give general nature of other business \_\_\_\_\_

RECOMMENDATION Approve  Disapprove

Signature of Applicant \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ PLACE SEAL HERE

Signature of Sheriff \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

**NOTICE:** Any person giving false information or evidence, or who violated any provisions of this chapter shall be deemed guilty of a misdemeanor and upon conviction shall be punished by a fine not to exceed five hundred dollars (\$500.00) or by imprisonment in the County Jail for a period not to exceed six (6) months, or by both such fine and imprisonment.

My Commission Expires \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

ORIGINAL COPY to be forwarded to the Superintendent Indiana State Police, 100 North Senate Avenue, Indianapolis, Indiana 46204  
SECOND COPY to be retained by the Sheriff of the County.

THIS APPLICATION MUST BE FILLED IN COMPLETELY AND ALL QUESTIONS ANSWERED