



STATE OF NEW JERSEY
APPLICATION FOR RETAIL FIREARMS DEALER'S LICENSE
(To be completed if Corporation or Partnership)



1. Name of Applicant: _____

A. Is applicant a private corporation? Yes No B. Is applicant a partnership? Yes No

(This form does not apply to a public corporation. If you are a public corporation, contact the Superintendent of State Police, West Trenton, New Jersey 08628-0068 for instructions. For the purpose of this application, all corporations shall be considered private unless the stock of said corporation is sold on an authorized stock exchange.)

2. Business address of applicant: _____

3. Location to be licensed: _____

4. If applicant is a private corporation or partnership, then all principals, general partners, limited partners, officers, directors, stock-holders, other capital contributors, sales managers, sales personnel who directly engage in the purchase or sales of firearms
shall complete page one or page two of the application forms (whichever is applicable) and submit the following information:

Name	Residence	Business Location	Capacity
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Resources **Business Location** **Capacity**

Business Education

Capacity

(If additional space is needed for names, attach a separate sheet)

5. Has applicant ever conducted a firearms business at the location sought to be licensed or elsewhere? Yes No
If yes, where and when? _____

6. Have persons who hold or possess an actual or equitable controlling interest in the applicant ever conducted a firearms business under any other business entity? Yes No If yes, under what name, where and when?

7. Has applicant ever applied for and been refused a firearms dealer's license under any other business entity? Yes No
If yes, where and when? _____

8. Have persons who possess an actual or equitable controlling interest in the applicant ever applied for and been refused a firearm's dealer's license under any other business entity? Yes No If yes, where and when?

9. Has applicant ever had a firearms dealer's license revoked in this or any other state? Yes No
If yes, where and when? _____

10. Have persons who hold or possess an actual or equitable controlling interest in the applicant ever had a firearms dealers license revoked in this or in any other state? Yes No If yes, where and when?

11. Is the applicant currently licensed to sell firearms in any other state or by the Federal Government? Yes No
If yes, indicate where, license number and date of issue.

12. Do any of the persons who possess an actual or equitable controlling interest in the applicant currently possess a license to sell firearms in any other state or by the Federal Government? Yes No If yes, indicate name of person(s), where and license number(s).

(Name of Applicant) certifies he is the (President, Vice President, Partner, Etc.)

(President, Vice President, Partner, Etc.)

of the applicant, that the applicant is a
in the State of

in the State of

(Corporation, Partnership, Limited Partnership, Etc.)

NOTE: In event of any change to any answer set forth in this application, applicant shall forthwith notify the issuing authority of the change.

Date

Signature of Corporate Officer or Partnership

Page 1A