SAN DIEGO COUNTY SHERIFF'S OFFICE

LICENSING DIVISION

9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062

APPLICATION FOR FIREARMS DEALER

FEES: $543 New
$514 Renew

Fees are non-refundable

FILE#_____

Name of business_____

Phone Number_____ Email_____

Business Address_____

Mailing Address_____

_____

Check applicable business description: ___Partnership ___Individual/Sole Proprietor

___Corporation *Corp name:*_____

List names of other Officers or Partners: Each additional person listed must complete a Miscellaneous Information form which must be submitted with this application

_____ _____

_____ _____

Property owner's name and mailing address_____

_____

Property owner's phone_____

Days and hours of operation:

_____	_____	_____	_____	_____	_____	_____
MON	TUES	WED	THURS	FRI	SAT	SUN

1. What type(s) of firearms will you be dealing in? (check all that apply)
   ___Concealable only ___Non-concealable ___Both ___New ___Used

2. Are you selling or storing smokeless or black powder? ___Yes ___No
   If yes, you will be required to submit an Explosives Permit application with the Sheriff's Department

3. Is there any other business in operation at the same location? ___Yes ___No
   *If yes, type of business*_____

I hereby certify under penalty of perjury that the statements made on this application are true and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application. I am aware that all fees associated with this application are non-refundable. The right of reasonable inspection shall be a condition for issuance of a Sheriff's permit/license. I have read and understand the sections of the San Diego County Code of Regulatory Ordinances pertaining to firearm sales.

Applicant's signature_____Date_____

Accepted by (staff)_____ Date_____

Name of business_____FILE#_____

DO NOT WRITE BELOW – OFFICE USE ONLY

FIRE DEPT/FIRE MARSHAL

___APPROVED ___DISAPPROVED

COMMENTS_____

_____

BY_____

DATE_____

SHERIFF STATION _____

___APPROVED ___DISAPPROVED

COMMENTS_____

_____

BY_____

DATE_____

PDS - Zoning

___APPROVED ___DISAPPROVED

COMMENTS_____

_____

BY_____

DATE_____

SHERIFF LICENSING

___APPROVED ___DISAPPROVED

COMMENTS_____

_____

BY_____

DATE_____