



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, stockholders, 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
_____	_____	_____	_____
_____	_____	_____	_____

(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.)
 of the applicant, that the applicant is a _____ in the State of _____.
 (Corporation, Partnership, Limited Partnership, Etc.)

and that said applicant is authorized or registered to do business in the State of New Jersey. Further, that he is familiar with the information furnished herein, that the information contained herein is true and correct, and is furnished in order to assist the application to obtain a New Jersey Retail Firearms Dealer's License, and that he is authorized to submit this application on behalf of said applicant for a Retail Dealer's License.

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