

APPLICATION FOR LICENSE TO SELL PISTOLS AND REVOLVERS

NAME: _____ DATE OF APPLICATION: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MAILING ADDRESS: _____

HOME STREET ADDRESS (if different than mailing address:) _____

TAX MAP & LOT# _____

HOW LONG AT THIS RESIDENCE? : _____ TELEPHONE: _____

PREVIOUS ADDRESS (ES): _____

OCCUPATION: _____ EMPLOYER: _____

ADDRESS: _____

	YES	NO
1. HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THIS STATE OR ANY OTHER?	_____	_____
2. HAVE YOU EVER BEEN A USER OF DRUGS OR NARCOTICS EXCEPT UNDER THE DIRECTION OF A PHYSICIAN?	_____	_____
3. HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS, EMOTIONAL DISORDER, OR CONFINED TO AN INSITUTION?	_____	_____
4. HAVE YOU EVER HELD A PREVIOUS PERMIT IN THE STATE OF N.H. IF YES, WHERE? _____	_____	_____

WHAT KINDS OF FIREARMS ARE YOU SELLING? : _____

LOCATION (WHERE WILL FIREARMS BE SOLD)? : _____

TAX MAP & LOT# _____

FEDERAL PERMIT #: _____

APPLICANT’S SIGNATURE: _____

APPR’VD/BLDG.
INSP/CEO: _____ DATE: _____

APPR’VD/WEARE POLICE CHIEF: _____ DATE: _____

APPR’VD/WEARE BOARD OF SELECTMEN: _____

DATE: _____

4.FIREARM.DOC