



APPLICATION FOR FIREARMS DEALERS LICENSE

(In accordance with the provisions of the Uniform Firearms Act)

State Form 3937 (R3 / 1-12) / Stock # 1328A

Approved by State Board of Accounts, 2012

INDIANA STATE POLICE
FIREARM LICENSING SECTION
100 North Senate Avenue, Room N312
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Read carefully and follow instructions.
 2. Type or print all information.
 3. This application must be filled in completely and all questions answered.
 4. The fee for this license is \$60.00 made payable to State of Indiana in the form of a certified check or money order - do not send cash or a personal check.

County of:	Date (month, day, year)
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Name of applicant (If partnership, separate application of each partner.)					
Trade name (Doing Business As (DBA))					
Business address (Number and street or Rural Route or PO Box number, city, state, and ZIP code)				Business telephone number ()	
Resident address (Number and street or Rural Route or PO Box number, city, state, and ZIP code)				Resident telephone number ()	
Age	Race	Sex	Date of birth (month, day, year)	Place of birth	
Nationality		Citizenship		Occupation	
Complexion	Weight	Height	Build	Hair	Eye color
Have you previously held an Indiana Firearm Dealers License?			If yes, what year?	License number	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your Firearm Dealers License ever been revoked?			Year revoked		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give reason.					
Payment for the license is attached in the form of (do not send cash or personal check):					
<input type="checkbox"/> Certified check <input type="checkbox"/> Money order <input type="checkbox"/> Other _____					
The applicant business is:					
<input type="checkbox"/> Individually owned <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____					
The applicant business is located in:					
<input type="checkbox"/> Commercial building <input type="checkbox"/> Residence <input type="checkbox"/> Other _____					
Is any business other than that for which this license application is being made conducted on the business premises?			If yes, give general nature of other business.		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
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.					
Signature of applicant				Date (month, day, year)	

NOTARY PUBLIC	
Subscribed and sworn to me this _____ day of _____, 20_____.	
Signature of notary public	Date commission expires (month, day, year)
City Danville	County Hendricks

RECOMMENDATION		
(Check one) <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Signature of sheriff	Date (month, day, year)

DISTRIBUTION: Original - To be forwarded to the Superintendent Indiana State Police, 100 North Senate Avenue, Indianapolis, Indiana 46204;
Copy - To be retained by the Sheriff of the County

