



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
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DIVISION OF PROFESSIONAL REGULATION

Application For a Special License To Sell Deadly Weapons

Note: One application is to be submitted by each official of a firm, partnership or corporation.

Check the box next to the type of license required:

Person Firm or Association Corporation

Full Name _____

Trading as _____

Residence Address _____

Business Address _____

Physical location of business, Rt. Number, distance to crossroad and town _____

Does the business location comply with local zoning laws? Yes No

Home Phone _____ Business Phone _____

Email _____

Description: Sex _____ Height _____ Weight _____ Hair Color _____

Eye Color _____ Date of Birth _____ Place of Birth _____

Citizenship _____

Present Occupation _____ Work Phone Number _____

Previous Occupations: _____

Have you as an individual, or as a member of a firm, association, or corporation ever been engaged in the private business of selling deadly weapons? Yes No

If answer is "Yes" list full details: _____

Note: Applicants for an individual license (one person) need not complete the following. Only sign and acknowledge before a notary public.

My position is _____ of an agency trading under the name of:

Address of principle office _____

List branch offices of agency within the State of Delaware:

List all other officers and/or directors of the firm, association or corporation:

Full name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note: When your application is complete, please allow 2 weeks to receive your license. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

ALL APPLICANTS

I AGREE TO ABIDE BY ALL THE PROVISIONS OF 24 Del. C., CHAPTER 9 OF 1953, AS AMENDED, RELATING TO DEADLY WEAPONS DEALERS. IT IS UNDERSTOOD AND AGREED THAT I WILL MAKE ARRANGEMENTS FOR MY FINGERPRINTS AND PHOTOGRAPHS TO BE TAKEN BY THE STATE POLICE AND WILL ATTACH THE CERTIFIED COPIES OF THESE AND MY CRIMINAL HISTORY TO THIS APPLICATION.

I HEREBY CERTIFY THAT THE STATEMENTS GIVEN IN THIS APPLICATION ARE TRUE AND CORRECT.

Date _____ Signed _____

Social Security Number _____

Subscribed and sworn to before me this _____ day of _____, 2_____

NOTARY PUBLIC

ADDRESS