

INSTRUCTIONS

Article II, Chapter 18 of the Mountain View City Code requires that firearm dealers obtain a Firearm Dealer Permit from the Mountain View Police Department. Any person desiring to obtain a Firearm Dealer Permit shall first file with the Mountain View Police Department an application in writing upon a form as prescribed by the Police Chief and accompanied by a nonrefundable application fee in such amounts established by resolution of the City Council. The Mountain View City Code may be reviewed at the City Clerk's Office or at the City's website at www.mountainview.gov.

The following must be provided as part of a complete application packet for a Firearm Dealer Permit:

1. Completed application.
2. Valid government-issued photo identification.
3. Copy of insurance policy (see Mountain View City Code § 18.60).
4. Copy of retail lease or proof of ownership of the property where the business will be located.
5. Live Scan application.

All of the items listed must be provided in order for the application to be deemed complete. Application processing may take up to 90 days. Once the application has been approved, the Firearm Dealer Permit will be issued. To review grounds for denial, please refer to Mountain View City Code § 18.50.

Items 1, 3, and 4 may be submitted electronically to PSU@mountainview.gov; however, applicants must bring a copy of their government-issued photo ID and Live Scan Application in person, by appointment only (walk-ins will not be seen), and applications will not be deemed complete until all materials have been submitted. To schedule an appointment, contact the Professional Standards Unit at 650-903-6759 or via email at PSU@mountainview.gov. Appointments will be seen at the Mountain View Police Department located at 1000 Villa Street, Mountain View, California, 94041. For further questions, email PSU@mountainview.gov.

PERMITS ARE VALID FOR ONE (1) YEAR AFTER ISSUANCE AND MUST BE RENEWED EVERY YEAR. THERE IS NO GRACE PERIOD FOR RENEWALS. RENEWAL APPLICATIONS MUST BE RECEIVED 45 DAYS BEFORE THE EXPIRATION OF YOUR PERMIT OR YOU WILL HAVE TO REAPPLY AND PAY ANY APPLICABLE FEES. ALL FEES ARE NONREFUNDABLE.

APPLICATION INFORMATION

Applicant

Full Name: _____ Date: _____
 Last First M.I.

Home Address: _____ Phone: _____
 Street Address Apt./Unit No.

 City State Zip Code

Email: _____

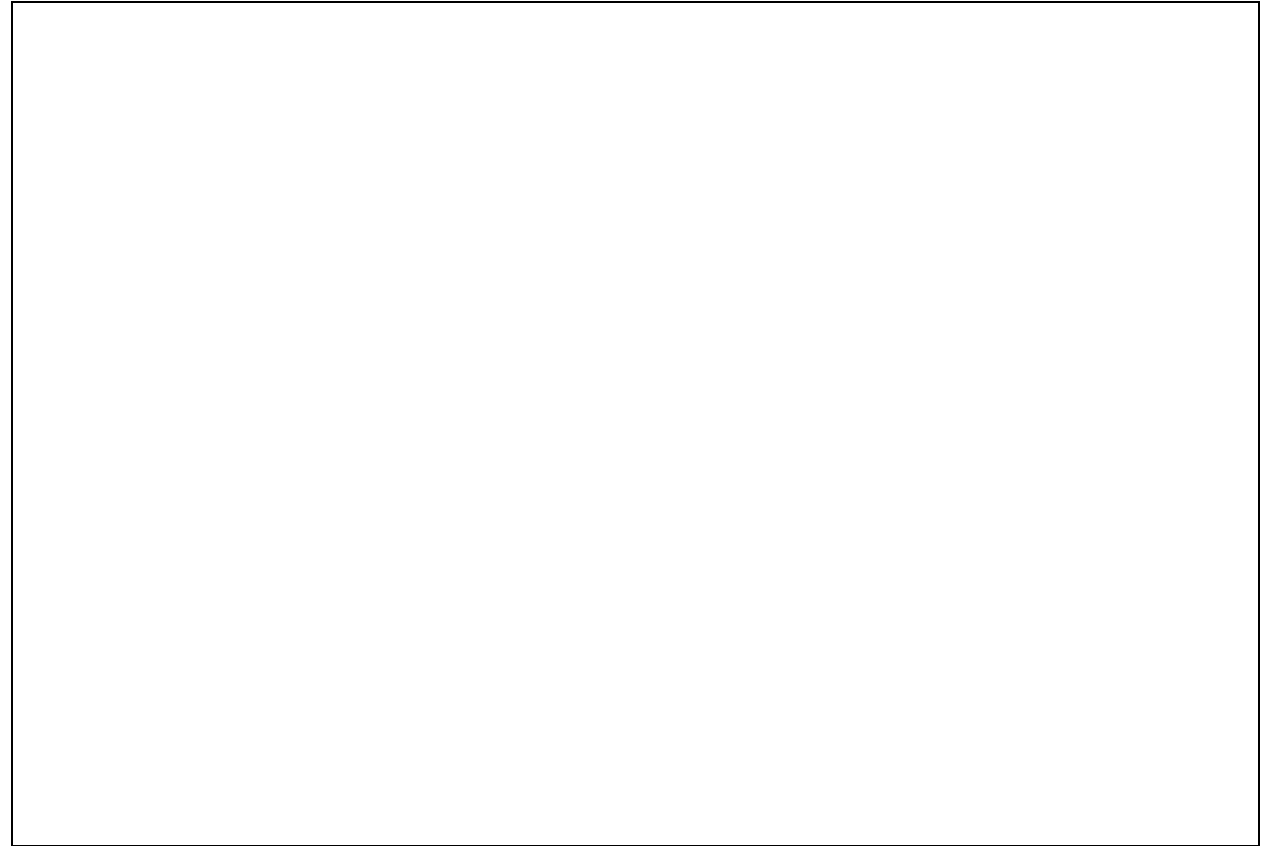
Social Security Number: _____ Date of Birth: _____

Identification

Type of ID: _____ ID No.: _____ Issuer: _____

Issue Date: _____ Expiration Date: _____

The space below is reserved for Mountain View Police Department use to copy an image of the applicant's photo ID.



Certificate of Eligibility (COE) Number: _____

Have you ever applied for any permit or license issued by any agency, board, city, county, political subdivision of a state, state, or Federal agency to sell, lease, transfer, purchase, or possess firearms or ammunition? Yes No

If yes, have you ever had any permit or license to sell, lease, transfer, purchase, or possess firearms or ammunition suspended or revoked? Yes No

If yes, please provide the date and circumstances of the suspension or revocation.

Have you ever been criminally convicted for the following offenses? Yes No

- Any offense that would disqualify you from owning or possessing a firearm under Federal, State, and/or local law;
- Any offense relating to the manufacture, sale, possession, use, or registration of any firearm as defined by Federal or State law or dangerous or deadly weapon;
- Any offense involving the use of force or violence upon another person;
- Any offense involving theft, fraud, dishonesty, or deceit; and/or
- Any offense involving the manufacture, sale, possession, or use of any controlled substance as defined by the California Health and Safety Code.

If yes, please list the offense, date of conviction, and location.

Business

Business Name: _____ Date: _____

Mountain View Business License No.: _____

CA State Board of Equalization Seller's Permit No.: _____

Federal Firearms License (FFL) No.: _____ FFL Expiration Date: _____

Business Entity Type: LLC LP Corporation LLLP Sole Proprietor Other: _____

State of Incorporation: _____

Business Address: _____ Phone: _____
Street Address Apt./Unit No.

_____ Email: _____
City State Zip Code

Mailing Address: _____ Phone: _____
(if different than business address) Street Address Apt./Unit No.

_____ Email: _____
City State Zip Code

Please list the names of all persons with an ownership interest in the business or provide a current copy of an operating agreement or list of shareholders with ownership interests.

I have attached a true and correct copy of my business's operating agreement or list of shareholders with current ownership interests reflected.

Full Name: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Phone: _____

Address: _____ Email: _____

Please list names of any persons who will have access to or control of any firearms or ammunition displayed, stored, or sold at the business.

Full Name: _____ DOB: _____ Phone: _____

Address: _____ Email: _____

COE No.: _____ COE Expiration Date: _____

Full Name: _____ DOB: _____ Phone: _____

Address: _____ Email: _____

COE No.: _____ COE Expiration Date: _____

Full Name: _____ DOB: _____ Phone: _____

Address: _____ Email: _____

COE No.: _____ COE Expiration Date: _____

Disclaimer and Certification

I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF MOUNTAIN VIEW OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.

The Mountain View Police Department has my permission to conduct any and all background investigation checks necessary to confirm the information provided in this application. I am responsible for understanding and complying with the rules and regulations related to the business for which I am applying, including, but not limited to, Article II, Chapter 18 of the Mountain View City Code.

I DECLARE 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 ARE NONREFUNDABLE.

Signature: _____ Print Name: _____ Date: _____