

DEALER NUMBER: _____

**CITY OF FAIRFAX POLICE DEPARTMENT
FIREARMS DEALER LICENSE APPLICATION**

(CITY OF FAIRFAX CODE, CHAPTER 14, ARTICLE V, PROVIDES THAT ANY PERSON WHO WILLFULLY FURNISHES FALSE INFORMATION IN THE APPLICATION REQUIRED HEREIN SHALL BE GUILTY OF A MISDEMEANOR AND UPON CONVICTION THEREOF, SHALL BE PUNISHED BY LAW.)

NAME: _____ TRADING AS: _____
(NAME OF PERSON OR BUSINESS REQUESTING REGISTRATION)

ADDRESS: _____
(LOCATION OF BUSINESS OR HOME ADDRESS OF PERSON)

TYPE OF BUSINESS: _____

BUSINESS PHONE #: _____ HOME PHONE #: _____ SOCIAL SECURITY #: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

FEDERAL FIREARMS LICENSE NUMBER: _____

IF CORPORATION, NAME, ADDRESS, AND PHONE # OF REGISTERED AGENT:

NAME, ADDRESS, PHONE #, TITLE, AND DATE OF BIRTH OF ALL OFFICERS OF CORPORATION:
1. _____
2. _____
3. _____

IS OR HAS THE INDIVIDUAL APPLICANT OR ANY MEMBER OF THE APPLYING FIRM OR CORPORATION, DURING THE PAST TEN (10) YEARS PRECEDING THE DATE OF THIS APPLICATION:

- | | |
|---|----------|
| | (CIRCLE) |
| A. BEEN COMMITTED TO AN INSTITUTION FOR TREATMENT OF MENTAL ILLNESS? | YES NO |
| B. BEEN COMMITTED TO AN INSTITUTION FOR TREATMENT OF DRUG ADDICTION? | YES NO |
| C. BEEN CONVICTED OF A FELONY? | YES NO |
| D. BEEN CONVICTED OF A CRIME OF VIOLENCE? | YES NO |
| E. BEEN DENIED THE PRIVILEGE OF SELLING FIREARMS IN ANY OTHER JURISDICTION? | YES NO |
| F. A HABITUAL DRUNKARD? | YES NO |

AFFIDAVIT

_____, BEING FIRST DULY SWORN ON HIS/HER OATH, DEPOSES AND SAYS AS FOLLOWS: TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

SIGNATURE OF APPLICANT

COMMONWEALTH OF VIRGINIA
CITY OF FAIRFAX, TO-WIT:

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

**EVERY APPLICATION SHALL BE ACCOMPANIED BY A FEE OF TWENTY-FIVE (25) DOLLARS.
THIS SHALL NOT BE REFUNDABLE IN ANY CASE.**

THE ABOVE APPLICATION IS: APPROVED DENIED DATE: _____

CHIEF OF POLICE OR DESIGNEE

IF APPLICATION IS REVOKED, LIST EFFECTIVE DATE OF REVOCATION HERE: _____