

**APPLICATION FORM  
FIREARMS DEALERS LICENSE  
City of Toledo**

**License Fee: \$50.00**

**INSTRUCTIONS:** Print or type Sections One, Two and Three. Have this form notarized by a Notary Public (Section Four), and mail to the address below. Payment of the license fee must be made at the time of the application or the processing of the application will be delayed. The fee is non-refundable if the application is disapproved.

DO NOT WRITE IN THIS SPACE	
Date Received _____	Application Number _____
Date Action Taken _____	Approved Yes _____ No _____
Notification Date _____	Card Serial Number _____
Date Fee Paid _____	Receipt Number _____
Authorization _____	

**Section One:** Please print or type

Name (Last, First, Middle) _____			Address _____		
Date of Birth _____	Sex _____	Height _____	Weight _____	Color of Hair _____	Color of Eyes _____
Place of Birth _____	Are you a Toledo Resident? Yes _____ No _____		Are you a United States Citizen? Yes _____ No _____		
Social Security Number _____					

**Section Two:** Place an "X" in the appropriate box **Yes No**

Have you ever been convicted of a felony under the laws of the State of Ohio or any other state?	___	___
Have you ever been convicted of the illegal use or possession of Narcotics, Drug of Abuse, or are you a drug dependent person?	___	___
Are you under adjudication of mental incompetence?	___	___
Have you had more than one (1) conviction of Disorderly Conduct involving intoxication within one (1) year prior to this date?	___	___
Have you ever been convicted of a municipal or state weapons violation?	___	___
Have you had more than one (1) conviction of a misdemeanor involving the use of force and violence or the threat of the use of force and violence against the person of another within one (1) year prior to this date?	___	___
<b>IF THE ANSWER TO ANY QUESTION ABOVE IS :YES" – GIVE FULL DETAILS ON THE REVERSE SIDE OF THIS FORM.</b>		

**Section Three:** Please print or Type

Name of Business _____		
Location of Business _____		
Is this Business a:	Proprietorship _____	Partnership _____ Corporation _____
If this Business is a partnership, name all partners and give address of each:		
_____		
_____		
If this Business is a corporation, give state of incorporation:		
Date of Corporation _____		
Name and address of Statutory Agent _____		

**Section Four:** Notarize Section

State of Ohio )	) ss _____ being first duly sworn according to law,
County of Lucas )	
Name _____	
Deposits and says that the information and answers contained in the foregoing application are true.	
Signature _____	
Notary Public, Lucas County, Ohio	
My Commission Expires _____	
Sworn to and subscribed before me, A Notary Public, this _____ day of _____, 20____	

Make money order or check payable to: **Commissioner of the Treasury**      Mail To: **License Bureau  
Division of Treasury  
One Government Center, Suite 2000  
Toledo, Ohio 43604**