

Firearms Dealer State Permit Application

Application Checklist

1. Fees
2. Business Contact Information
3. Affirmation
4. Attachments

Copy of Federal Firearms License. If the federal firearm license is pending, the applicant shall send a copy of the Federal Firearms License to dor_fdd@state.co.us once it is issued. **A State FDD Permit cannot be issued without possession of a valid Federal Firearms License.**

Form DR 7601 Employment Eligibility Check Request form - Note that a separate form is required for each Employee and/or Responsible Person associated with your business.

Fees Due

State Initial Application Fee.....\$400.00

Section I - Applicant and Business Information

Federal Firearms License (FFL) Information

Is this form submitted for a:

- | | | | |
|---|-------------|----------------------------------|---------------|
| 01-Dealer | 01-Gunsmith | 01-Dealer/Gunsmith (if both) | 02-Pawnbroker |
| 07-Manufacturer | 08-Importer | 09-Dealer in Destructive Devices | |
| 10-Manufacturer of Destructive Devices, Ammunition for Destructive Devices or Armor Piercing Ammunition | | | |
| 11-Importer of Destructive Devices, Ammunition for Destructive Devices or Armor Piercing Ammunition | | | |

Note: Each Federal Firearms License type held by the applicant requires a separate State FDD Permit application and fee payment.

FFL Number

FFL Expiration Date (MM/DD/YYYY)

Business Information

Applicant is applying as a/an

- | | | | |
|-------------|---------------------------|-------------|-------------|
| Individual | Limited Liability Company | Association | Corporation |
| Partnership | Other: | | |

Applicant Name; If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation

Doing Business As (if applicable)

Business Phone Number

Business Email Address

Physical Address (include unit or apartment number)

City

County

State ZIP Code

Mailing Address (If different from Physical Address, include unit or apartment number)

City

State ZIP Code

Primary Business Contact for this Location

Last Name

First Name

Phone Number

Email Address

Preferred Contact Method

Please select the method of communication your business would like to be contacted through by the Department for all matters related to this permit and all other communications from the Department.

Business Email

Mailing Address

Primary Contact Email Address

Preferred Phone Number:

Business Phone

Primary Contact Phone Number

Business Operating Hours

Is the Business Premises a Commercial Building or a Private Residence

Operating Hours Are By Appointment Only

	From		To		
Monday	From	AM	PM	To	AM PM Closed
Tuesday	From	AM	PM	To	AM PM Closed
Wednesday	From	AM	PM	To	AM PM Closed

	From			To			
Thursday		AM	PM		AM	PM	Closed
	From			To			
Friday		AM	PM		AM	PM	Closed
	From			To			
Saturday		AM	PM		AM	PM	Closed
	From			To			
Sunday		AM	PM		AM	PM	Closed

Section II - Questions

1. Has the Dealer or a Responsible Person for the Dealer had a license or permit to sell, lease, transfer, purchase, or possess a firearm or ammunition from the federal government, any state, or a subdivision of any state (such as a county, city, town, law enforcement authority), revoked, suspended, or denied for good cause within three years before submitting this application?..... Yes No
2. Has the Dealer or a Responsible Person for the Dealer been convicted of a violation in the three years before submitting this application of:
 - a. any provision of Article 12 of Title 18 of the Colorado Revised Statutes;... Yes No
 - b. any Colorado or any other state's law concerning the possession, purchase, or sale of firearms; or..... Yes No
 - c. any federal law concerning the possession or sale of firearms..... Yes No

Section III - Responsible Person(s)

List all Responsible Person(s) acting on behalf of the applicant. If additional space is needed, please use DR 7670 "Supplement A - Responsible Person(s)." Provide multiple Supplement A if necessary.

Must fill out DR 7601 "Employment Eligibility Check Request" for all Responsible Persons listed below.

Only those persons checked below are authorized to submit applications, requests, or notifications to the Department on behalf of the applicant. The applicant is responsible for notifying the Department should any Responsible Person be removed or otherwise no longer authorized to act on behalf of the applicant, or on behalf of the State FDD Permit holder if the application is granted.

1. Last Name First Name Middle Initial

Title

Owner Store Manager Firearms/Sporting Goods Manager
District Manager Corporate Compliance Officer

I confirm that the above Responsible Person is authorized to submit documentation, requests, and business changes to the Department on behalf of the applicant, or on behalf of the State FDD Permit holder if the application is granted.

2. Last Name First Name Middle Initial

Title

Owner Store Manager Firearms/Sporting Goods Manager
District Manager Corporate Compliance Officer

I confirm that the above Responsible Person is authorized to submit documentation, requests, and business changes to the Department on behalf of the applicant, or on behalf of the State FDD Permit holder if the application is granted.

3. Last Name First Name Middle Initial

Title

Owner Store Manager Firearms/Sporting Goods Manager
District Manager Corporate Compliance Officer

I confirm that the above Responsible Person is authorized to submit documentation, requests, and business changes to the Department on behalf of the applicant, or on behalf of the State FDD Permit holder if the application is granted.

4. Last Name First Name Middle Initial

Title

Owner Store Manager Firearms/Sporting Goods Manager
District Manager Corporate Compliance Officer

I confirm that the above Responsible Person is authorized to submit documentation, requests, and business changes to the Department on behalf of the applicant, or on behalf of the State FDD Permit holder if the application is granted.

5. Last Name First Name Middle Initial

Title

Owner Store Manager Firearms/Sporting Goods Manager
District Manager Corporate Compliance Officer

I confirm that the above Responsible Person is authorized to submit documentation, requests, and business changes to the Department on behalf of the applicant, or on behalf of the State FDD Permit holder if the application is granted.

Applicant affirms that each Responsible Person meets the requirements of paragraphs (A)(2 and 3) of Rule 2-100.

Applicant affirms each Responsible Person shall submit a set of fingerprints for a fingerprint-based criminal history record check to the Colorado Bureau of Investigation (CBI).

Section IV - Employee(s)

List all Employees of the applicant not already listed in Section III. If additional space is needed, please use DR 7671 "Supplement B - Employee(s)." Provide multiple Supplement B if necessary.

Must fill out DR 7601 "Employment Eligibility Check Request" for all Employees listed below.

List only Employees who in the course of the Employee's duties will handle firearms, process the sale, loan, or transfer of firearms, or otherwise have access to firearms.

1.	Last Name	First Name	Middle Initial
2.	Last Name	First Name	Middle Initial
3.	Last Name	First Name	Middle Initial
4.	Last Name	First Name	Middle Initial
5.	Last Name	First Name	Middle Initial

Applicant affirms each Employee shall submit a set of fingerprints for a fingerprint-based criminal history record check to the Colorado Bureau of Investigation (C B I).

Section V - Affirmation

I, (please print full name) _____,

as a Responsible Person for the applicant business, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Firearms Dealer State Permit Application statements, attachments, and supporting documents are true and correct to the best of my knowledge and belief, and that this statement is executed with the understanding that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue State FDD Permit by the Department. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial of the State FDD Permit application or revocation of an issued State FDD Permit.

I further affirm that all individuals named in this application as Responsible Persons or as Employees are not prohibited from employment pursuant to 18-12-407(1)(a)-(c), C.R.S.

I am voluntarily submitting this application to the Department under oath, with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114, C.R.S.

Printed Name of the Responsible Person Submitting Application

Electronic Signature

Date (MM/DD/YY)