

APPLICATION FOR PERMIT TO DISCHARGE FIREARMS WITHIN THE CITY OF STERLING

Date/Application: _____, _____

Name _____
Last First MI Title

Address _____
Street City State Home Phone

Social Security No: _____ Driver's License No: _____ State: _____

Name of club/organization: _____

Reason for requesting this permit: _____

What type and caliber of weapon/weapons will be used? _____

Location of designated shooting area: _____

Time and date for which permit is being requested: _____

Are you familiar and proficient with the weapon/weapons to be used? _____

Briefly describe qualifications and experience: _____

I further certify that all statements made by me in the completion of this application are, to the best of my knowledge and recollection, accurate and true and I understand that any false answer (deceitfully made) or any fraud whatsoever, constitutes a basis for rejection of this application with no further consideration. If fraud and/or deceit are subsequently discovered, such fraud and/or deceit will become grounds for rejection of this application.

Approved

Denied

Signature

Chief of Police

Date