



**CITY OF ENCINITAS**  
Development Services Department  
505 S. Vulcan Ave  
Encinitas, CA 92024  
[www.encinitasca.gov](http://www.encinitasca.gov)  
**Phone:** 760-633-2708  
**Email:** [permits@encinitasca.gov](mailto:permits@encinitasca.gov)

## APPLICATION SUPPLEMENTAL FIREARMS DEALER

Company Name: \_\_\_\_\_

Owner(s) of Company\*: \_\_\_\_\_

**\*Each partner/business associate must complete a Background Application and Authorization to Release Information form.**

Manager Name(s)\*: \_\_\_\_\_

**\*Each manager must complete a Background Application and Authorization to Release Information form.**

List all fictitious names the business will operate or advertise under: \_\_\_\_\_

Is there any other business in operation at the same location?

☐ Yes ☐ No

If yes, what type? \_\_\_\_\_

What types of firearms will you be dealing with? (check all that apply):

☐ Concealable ☐ Non-Concealable ☐ Both ☐ New ☐ Used

Days of Operation: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Hours of Operation: From \_\_\_\_\_ ☐ AM ☐ PM To \_\_\_\_\_ ☐ AM ☐ PM

☐ By checking this box, I certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge. I understand any false statements or information are grounds for denial of this application or revocation of the permit. I acknowledge I will adhere to the conditions as stated on the permit. Any misuse of privileges or multiple complaints received by the City may constitute violations of this permit resulting in fines and/or revocation of the permit.

Name: \_\_\_\_\_ Date: \_\_\_\_\_