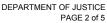
ADOPT CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Application for Ammunition Vendor License (Non-Firearms Dealer)



### Part A - Ammunition Vendor or Business Entity Information

Ammunition Vendor or Business Entity N	lame			
Street Address	City	County	State	Zip Code
Mailing Address (if different)	City	County	State	Zip Code
Business Email Address		Telephone Number	Fax Number	
	Hours of C	peration		
Monday Tuesday We	ednesday Thurs	day Friday	Saturday	Sunday
to , to ,	to to	to	to	to
Local Ammunition Vendor Licensing Auth	hority (issuer of local bu	isiness license)		
Local Law Enforcement Agency (police of	or sheriff's department)			
Please indicate the type of business own	ership:			
Individual Owner/Sole Proprietor	Limited Partn	ership 🗌 Corporat	te Ownership	
Limited Liability Company	General Partr	nership 🗌 Limited I	_iability Partnership	
<b>OPTIONAL:</b> Please provide the name, tit process in the State of California.	tle, address, phone nur	nber, and email address c	f the applicant's ager	nt for service of
Name		Title		
Street Address	City	County	State	Zip Code
Email Address		Telephone Number	Fax Number	
<b>OPTIONAL:</b> Please provide the name, tit clarification of information provided in this	•	nber, and email address c	f the person to contac	ct for
Name		Title		
Street Address	City	County	State	Zip Code

## ADOPT CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Application for Ammunition Vendor License (Non-Firearms Dealer)





#### Part B - Ammunition Vendor Licensee Information

Licensee Name/Responsible Party (as it appears on California driver license or identification card)

Certificate of Eligibility (COE) Number	COE Expiration Date
Federal Firearms License (FFL) Number (If applicable)	FFL Expiration Date
Local Business License (LBL) Number	LBL Expiration Date
Other Local License (OLL) Number	OLL Expiration Date

California Board of Equalization Seller's Permit Number

Part C - Additional Ammunition Vendor Licensee(s) Please complete this section if there is more than one licensee/responsible party with a COE and LBL for the Ammunition Vendor listed above.

Licensee Name/Responsible Party (as it appears on California driver license or identification card)

COE Number

COE Expiration Date

Licensee Name/Responsible Party (as it appears on California driver license or identification card)

COE Number

COE Expiration Date

Licensee Name/Responsible Party (as it appears on California driver license or identification card)

COE Number

**COE** Expiration Date

STATE OF CALIFORNIA BOF 1021 (Rev. 07/2017)	Α	DOPT	DEPARTMENT OF JUSTICE PAGE 3 of 5
TO DUPARTMENT OF SUBJECT OF SUBJE	CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Application for Ammunition Vendor License (Non-Firearms Dealer)		A CONTRACT OF CONT
		E who who will be handling, selling, delivering, or	have under his/her
Employee Name (a	s it appears on California driver licens	e or identification card)	
COE Number		COE Expiration Date	
Employee Name (a	s it appears on California driver licens	e or identification card)	
COE Number		COE Expiration Date	
Employee Name (a	s it appears on California driver licens	e or identification card)	
COE Number		COE Expiration Date	
Part E - Certificatio	on		
I declare under pen	alty of perjury under the laws of the St	ate of California that the foregoing is true and co	prrect.
Printed Name of Licer	nsee/Responsible Party listed in Part B	Signature	Date
Printed Name of Licer	nsee/Responsible Party listed in Part C	Signature	Date
Printed Name of Licer	nsee/Responsible Party listed in Part C	Signature	Date
Printed Name of Licer	nsee/Responsible Party listed in Part C	Signature	Date
Part F - Fees			

Ammunition Vendor License Annual Fee:

Please make a check or money order payable to the Department of Justice. Mail check and completed application to the below address:

\$198

Department of Justice Bureau of Firearms - Ammunition Vendor Licensing Unit P.O. Box 160487 Sacramento, CA 95816-0487



DEPARTMENT OF JUSTICE PAGE 4 of 5



## Application for Ammunition Vendor License (Non-Firearms Dealer) INSTRUCTIONS



#### Application Requirements

Applications for an ammunition vendor license must be typed or printed in ink. Incomplete applications will not be processed and will be returned with all required fees. Applications must be accompanied by copies of the Federal Firearms License (FFL) (if applicable), Local Business License (LBL), the Board of Equalization's Seller's Permit for each individual identified as a licensee in conjunction with the business, and a listing of all employees with a certificate of eligibility (COE). If you have any questions, please contact the Bureau of Firearms at (916) 227-2665.

#### Part A - Ammunition Vendor or Business Entity Information

- Provide the ammunition vendor or business entity name, telephone number, fax number, physical location, mailing address, and business email address. The physical location information is frequently different when a post office box or a rural route number is used as the mailing address.
- Provide type of business ownership.
- Name, title, address, phone number, and email address of the applicant's agent for service of process in the State of California. Please reference weblink <u>http://www.sos.ca.gov/business-programs/business-entities/service-process/</u> for more information regarding service of process.
- Name, title, address, phone number, and email address of the person to contact for clarification of information provided in this application package.
- Provide the ammunition vendor's hours of operation for each day of the week listed, using hh:mm AM/PM format.
- Provide the local ammunition vendor licensing authority's name, along with the name of the police or sheriff's department that is responsible for law enforcement protection in your community. The local licensing authority is the local department or bureau that issues the local business license in your jurisdiction.

#### Part B - Ammunition Vendor Licensee Information

• Provide the licensee name/responsible party as it appears on his/her California driver license or identification card, along with their corresponding (COE), (FFL) (if applicable), and (LBL), numbers and expiration dates. The Board of Equalization Seller's Permit number must also be provided.

#### Part C - Additional Ammunition Vendor Licensees

• Each additional licensee/responsible party who is listed on the FFL (if applicable), LBL, and Board of Equalization Seller's Permit, and who desires to be identified as a responsible party for this business must also provide his/her name as it appears on their California driver license or identification card along with their corresponding COE number and expiration date. Part C may be copied to accommodate as many additional licensees as necessary.

#### Part D - Employee Certificate of Eligibility Information

 For each agent or employee who has access to ammunition for this business, the licensee must provide the agent's or employee's name as it appears on their California driver license or identification card along with their corresponding COE number and expiration date. Part D may be copied to accommodate as many additional employees as necessary.

#### Part E - Signatures

• The licensee(s) must sign and date the certification statement affirming the information provided is true and correct. Part E may be copied to accommodate as many additional signatures as necessary.

#### Part F - Fees

- The ammunition vendor license fee is \$198.
- Make check or money order payable to the Department of Justice for the appropriate remittance. Attach the check or money order to the lower right margin of the form.
- Mail the completed application, remittance and required documentation to the below address:

Department of Justice Bureau of Firearms - Ammunition Vendor Licensing Unit P.O. Box 160487 Sacramento, CA 95816-0487

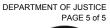
Allow 30 business days for processing initial applications.

STATE OF CALIFORNIA BOF 1021 (Rev. 07/2017) ADOPT

# A CONTRACTOR OF CONTRACTOR OF

**Privacy Notice** 

As Required by Civil Code § 1798.17





**Collection and Use of Personal Information:** The Division of Law Enforcement in the Department of Justice collects the information requested on this form as authorized by Penal Code section 30385. The Division of Law Enforcement uses this information to establish grounds for the issuance of the license or permit indicated on this application. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <a href="http://oag.ca.gov/privacy-policy">http://oag.ca.gov/privacy-policy</a>.

**Providing Personal Information:** All the personal information requested in the form must be provided. If you fail to provide any of the required personal information, the unprocessed report will be returned to you for completion and resubmission.

**Access to Your Information:** You may review the records maintained by the Division of Law Enforcement in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information:** In order to ensure you are not prohibited and establish grounds for the issuance of the license or permit indicated on this application, we may need to share the information you give us with entities as authorized in Penal Code section 11105. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information:** For questions about this notice or access to your records, you may contact the Staff Services Analyst in the Customer Support Center at (916) 227-7527, via email at <u>firearms.bureau@doj.ca.gov</u>, or by mail at P.O. Box 160487, Sacramento, CA 95816-0487.