

CITY OF AKRON  
TREASURY/LICENSE DIVISION  
161 S HIGH STREET, SUITE #200  
AKRON OH 44308

**FIREARM DEALER LICENSE APPLICATION**  
**PLEASE PRINT**

BUSINESS NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ ZONING CLASS. \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE

FORM OF OWNERSHIP (CHECK ONE)

\_\_\_\_ SOLE PROPRIETORSHIP      \_\_\_\_ PARTNERSHIP      \_\_\_\_ CORPORATION

IF PARTNERSHIP OR CORPORATION IS CHECKED, LIST OFFICERS, PARTNERS:

NAME ADDRESS PHONE # TITLE

HAS ANY PERSON ASSOCIATED WITH THE BUSINESS EVER BEEN ARRESTED? \_\_\_\_ YES \_\_\_\_ NO

IF YES, LIST ALL ARRESTS, DATES, PLACE, AND DISPOSITION OF EACH ARREST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE UNDERSIGNED STATES THAT ALL THE ABOVE INFORMATION IS TRUE.  
THE UNDERSIGNED ALSO ACKNOWLEDGES RECEIPT OF THE LICENSING ORDINANCE AND UNDERSTANDS THE PROVISIONS THEREIN. FALSIFICATION OF INFORMATION IS GROUNDS FOR DENIAL OF THE LICENSE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE