

SWARTZ CREEK POLICE DEPARTMENT

Weapons Purchase Permit Application

(Office Use Only)

Date: _____ File Class: 9800-4 Complaint # _____

To receive a permit to purchase a handgun from the City of Swartz Creek Police Department, you must be a resident of the City of Swartz Creek and have proper identification. Pursuant to applicable statutes, an extensive criminal background investigation will be conducted.

Last Name: _____ First: _____ Middle _____

Maiden or any other name ever used: _____

Date of Birth: _____ Place of Birth: _____ U.S. Citizen? _____

Address: _____ City: _____ State: _____

Previous Address (If less than 10 years) _____

Home Phone: (___) _____ Work Phone: (___) _____ Cell Phone: (___) _____

Ht: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Driver's License #: _____ State: _____ SS#: _____

Have you ever been: Arrested: _____ Treated for a mental disorder? _____

Institutionalized for a mental disorder? _____ Convicted of Domestic Assault? _____

Subject to a PPO? _____ Do you possess a Medical Marijuana or Care Giver Card? _____

If you answered Yes to any of the above, provide dates, locations and disposition: (use additional sheets if necessary)

I certify that all of the information listed above is complete, true and accurate to the best of my knowledge.

Signature: _____ Date: _____

APPROVED: _____

DENIED: _____

Signed: _____ Title: _____ Date: _____