



INSTRUCTIONS FOR STATE FIREARM LICENSE APPLICATION

Attached is the application form for a State Firearm License. This license is required in addition to the Federal License, for any person, firm or corporation who sells weapons under 15 inches in length (handguns).

This application must be filled out completely. The annual required fee is \$25.00 plus \$3.00 for each employee. There is a \$10.00 penalty added for renewals submitted after August 1st. This \$10.00 penalty does not apply to new applicants. The affidavit must be filled out, signed and notarized.

You are also required to submit a copy of your **FEDERAL FIREARM LICENSE** along with your application and fees. Mail all paperwork to the Special Investigations Division, P.O. Box 1456, Atlanta, GA 30371-1456. Please allow approximately two weeks for your application to be processed.

This is a one year license from July 1st to June 30th of each year.

Should you have any questions regarding this process, please contact this office at (404) 624-7491.

BELOW IS A CHECKLIST TO ASSURE THAT ALL REQUIRED DOCUMENTS ARE RETURNED:

1. Application completed, signed, and notarized.
2. A copy of your Federal Firearms License (FFL License).
3. The \$25.00 fee for the license and \$3.00 for each additional employee that will be selling handguns (Money Order, Certified Check or Company Check ONLY).

APPLICATION FOR WHOLESALERS/RETAIL LICENSE
FOR SALE OF SMALL FIREARMS
(under 15 inches in length)

FOR DEPARTMENT OF PUBLIC SAFETY USE ONLY

Date Received: _____

License Issued: _____

Date Approved: _____

Fee Enclosed: _____

Approved by: _____

Receipt Number: _____

FFL Number: _____

Mail Forms to:

GA DEPARTMENT OF PUBLIC SAFETY
Special Investigations Division
P. O. Box 1456
Atlanta, GA 30371-1456

Phone Number:

(404) 624-7491

Kind of License:

Wholesale

Retail

Type of Application:

New

Renewal

PLEASE TYPE OR PRINT CLEARLY

NAME OF APPLICANT _____
(Owner or Corporate President's Name) Title

BUSINESS NAME _____
(List name to appear on license)

MAILING ADDRESS _____
CITY STATE ZIP

LOCATION ADDRESS _____
(Principal place of doing business) CITY COUNTY ZIP

TELEPHONE NUMBER () _____

FEES ENCLOSED

ANNUAL LICENSE FEE: \$25.00 \$ _____

LATE FEE: \$10.00 (renewals postmarked August 1st) \$ _____

EMPLOYEE LICENSE FEE: \$3.00/per employee \$ _____

TOTAL FEE ENCLOSED \$ _____

FEES ARE TO BE MADE PAYABLE TO THE DEPARTMENT OF PUBLIC SAFETY IN THE FORM OF A MONEY ORDER, CERTIFIED, CASHIER'S CHECK OR COMPANY CHECK. **PERSONAL CHECKS WILL NOT BE ACCEPTED.**

AFFIDAVIT OF WHOLESALER/RETAILER APPLYING FOR LICENSE

(Required by OCGA 43-16-3)

County of: _____

Personally, before the undersigned officer, authorized by law to administer oaths came;

NAME OF APPLICANT: _____
TITLE

ADDRESS: _____
CITY STATE ZIP

Who on oath deposes and says that applicant is a citizen of the United States of America, that he/she has reached the age of twenty-one years, and that he/she has not been convicted of a felony.

Sworn to and subscribed before me this _____ day of _____

NOTARY SIGNATURE (SEAL REQUIRED)

COMMISSION EXPIRES: _____

APPLICANT'S SIGNATURE