

Number of Purchase Permits Requested _____

Amount Owed \$ _____ Pick-up _____

Clemis ___ OT ___ LEIN ___ PAF ___ OK to issue ___

LIVONIA POLICE DEPARTMENT

APPLICATION FOR A LICENSE TO PURCHASE A PISTOL

I, _____ hereby make application for a
“License to Purchase a Pistol.”

Indicate T for True, F for False:

1. I am a citizen of the United States OR a resident legal alien having resided in the State of Michigan continuously for at least 90 days and a resident of the City of Livonia, Wayne County, Michigan. _____
2. I am at least 18 years of age. _____
3. I have never been adjudged insane or legally incapacitated unless competency has been restored and declared so by a court order. _____
4. I am not under involuntary commitment due to mental illness. _____
5. I am not under indictment for, nor have I been convicted of a felony. _____
6. I am not prohibited by court order from purchasing or possessing a firearm. _____

PERSONAL INFORMATION

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____ **DATE OF BIRTH:** _____

State/Country of Birth: _____ Naturalization/Alien Number: _____

Driver's License Number: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Occupation: _____

Possess Medical Marijuana Card? _____ (Yes or No)

Read Carefully:

“I UNDERSTAND THAT MY APPLICATION FOR A ‘LICENSE TO PURCHASE A PISTOL’ WILL BE DETERMINED BY A COMPLETE RECORD CHECK BY THE LIVONIA POLICE DEPARTMENT.” “I attest that ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.”

Signature of Applicant: _____

Date: _____