



TOWN OF DERRY

APPLICATION TO OPERATE A GUN SHOP

☐ New

☐ Renewal

Date: _____

FEDERAL FIREARMS LICENSE # _____

Name: _____

Address: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Sex: _____ Date of Birth: _____ Place of Birth: _____

Addresses for the past ten (10) years – beginning with present address:

1. _____

2. _____

3. _____

4. _____

(If additional space is needed, please use back of form)

Employment for past ten (10) years – beginning with present employer

1. _____

2. _____

3. _____

4. _____

(If additional space is needed, please use back of form)

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Approved/Disapproved & Date _____

\$100 Fee Paid _____

Reference: RSA 159:8 to 159:12

Revised: 09.15.2023 (Town Council approved 8.15.23)