



CITY OF CHULA VISTA  
CHULA VISTA POLICE DEPARTMENT



POLICE CONTROLLED LICENSE  
RENEWAL FIREARMS SALES PERMIT

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

**SECTION I: PERSONAL INFORMATION**

Applicant's Full Name: \_\_\_\_\_

Last

First

Middle

Residence Address: \_\_\_\_\_

Street

City

State

Zip

Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

DOB: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

Permit #: \_\_\_\_\_

Permit Expiration Date: \_\_\_\_\_

The following must be submitted, with this application, to renew your firearms sales permit:

- Copy of current City of Chula Vista Business License
- California Firearms Dealer (CFD) from the Department of Justice (DOJ)
- Letter from Firearms Licensing Permits Unit from the DOJ
- California Sellers Permit from the California State Board of Equalization
- California Certificate of Eligibility from the DOJ
- Alcohol, Tobacco & Firearms (ATF) License / Federal Firearms License (FFL) from the Dept. of Treasury
- Payment of \$310.00 (Checks are made payable to the City of Chula Vista)

**ALL FEES ARE NON-REFUNDABLE.**

YOU MAY NOT OPERATE IN THE CITY OF CHULA VISTA WITHOUT A VALID POLICE CONTROLLED LICENSE/PERMIT.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION**

**FOR OFFICIAL USE ONLY**

Application Date: \_\_\_\_\_

ARJIS: \_\_\_\_\_

Received By: \_\_\_\_\_

SRFERS: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Application Completed By: \_\_\_\_\_

Date: \_\_\_\_\_