



APPLICATION FOR CITY OF WEST ALLIS
GUN RANGE LICENSE
 January 1, 20 to December 31, 20

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|----------------------------------|------------------------------|
| <input type="checkbox"/> Renewal | <input type="checkbox"/> New |
| BC/Application No. _____ | |
| License No. _____ | |
| From Police _____ | |
| Granted _____ | |
| Denied _____ | |
| Placed on File _____ | |
| Issued _____ | |
| Record Check Fee _____ | |

With receipt of **\$60.00 plus \$15.00 Record Check NON-REFUNDABLE fees**, application is made for a GUN RANGE LICENSE under the terms and provisions of Section 9.105 of the Revised Municipal Code of the City of West Allis. City's website: www.westalliswi.gov.

I. GENERAL INFORMATION – New applicants need rights to premises approved by City Attorney.

Applicant Is: Individual Partnership Corporation

Name of Applicant _____
(Name of Individual, Partners, Corporation, LLC)

Federal Employer Identification Number (FEIN) _____

Address of Premises to be Licensed _____

Business Trade Name _____ Business Phone No. _____
(Doing Business As)

II. INDIVIDUAL INFORMATION (Only to be completed by those applying as individuals)

- Include date of birth and middle initial or indicate if no middle initial exists.

Name _____ Date of Birth _____
First Middle Initial Last

Residence Street Address _____ Apt. No. _____

City _____ State _____ Zip _____ Home Phone No. _____

Driver's License/State ID #:

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Length of residence in West Allis _____ Milwaukee County _____ U.S.A. _____

Previous Residence Address (If resident at above address less than five years)

Street _____ City _____ State _____

III. PARTNERSHIP/CORPORATION/LLC INFORMATION

(Only to be completed by those applying as partners or as a corporation)

- * Include names of all partners, corporate officers, and LLC members.
- * Include dates of birth and middle initials or indicate if there is no middle initial.

Name _____ Date of Birth _____
First Middle Initial Last

Corporate Title or Position Held _____

Residence Street Address _____

City _____ State _____ Zip _____ Home Phone No. _____

Driver's License/State ID #:

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Length of residence in West Allis _____ Milwaukee County _____ U.S.A. _____

Previous Residence Address (If resident at above address less than five years)

Street _____ City _____ State _____

Clerk's Office: Inspection sheets to: BINS Police (and copy of application) Rights to Premises

Gun Range Application

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Name _____ Date of Birth _____
 First Middle Initial Last

Corporate Title or Position Held _____

Residence Street Address _____

City _____ State _____ Zip _____ Home Phone No. _____

Driver's License/State ID #:

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Length of residence in West Allis _____ Milwaukee County _____ U.S.A. _____

Previous Residence Address (If resident at above address less than five years)

_____ Street _____ City _____ State _____

Name _____ Date of Birth _____
 First Middle Initial Last

Corporate Title or Position Held _____

Residence Street Address _____

City _____ State _____ Zip _____ Home Phone No. _____

Driver's License/State ID #:

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Length of residence in West Allis _____ Milwaukee County _____ U.S.A. _____

Previous Residence Address (If resident at above address less than five years)

_____ Street _____ City _____ State _____

IV. SIGNATURE(S) (All partners must sign the application)

_____ Date

_____ Individual/Partner/President

_____ Date

_____ Partner