



**ROSEVILLE POLICE DEPARTMENT**  
 1051 Junction Boulevard, Roseville, CA 95678  
 (916) 746-1069

**COMMERCIAL INDOOR FIRING RANGE PERMIT APPLICATION**

Initial Application     Renewal

Permit Number Issued: \_\_\_\_\_

All information requested on this application is required. Completed applications can take up to 45 days to process. Incomplete applications will be rejected, thus delaying issuance of a permit. **Any Commercial Indoor Firing Range Permit renewal should be submitted at least 45 days before the Indoor Firing Range Permit expires.** Range permits shall expire one year following date of issuance without a qualified renewal. It is unlawful for any applicant to provide or permit any firing range activity without a current, valid Range Permit.

**YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:**

1.	Copy of applicant and manager/supervisor (Responsible Persons) Driver's License or other valid government-issued photo ID with proof that applicant and manager are over the age of eighteen (18) years.
2.	<b>\$132.00</b> Non-refundable application fee (Payable by check to "City of Roseville" or Credit/Debit card)
3.	LiveScan fingerprint service for any <b>new</b> applicant, or responsible persons, such as managers/supervisors, who were not listed in the prior permit application + <b>\$32.00</b> Non-refundable DOJ fee + <b>\$20.00</b> Non-refundable LiveScan fingerprint fee + <b>\$17.00</b> Non-refundable FBI fee – Payable at the time of the LiveScan service. Please provide a copy of the LiveScan form with this application.
4.	Current Roseville Business License (HdL Companies <a href="https://roseville.hdlgov.com">https://roseville.hdlgov.com</a> or 916-226-5207)
5.	Fictitious name filing with Placer County (County of Placer main webpage) if the business name is not the applicant's surname, or a business was purchased, and the name was changed – Not applicable for Corporations and LLC's
6.	Emergency Action Plan/Business Diagram (Those who have security personnel must utilize a licensed "Proprietary Private Security Officer" that is registered with California Bureau of Security and Investigative Service)
7.	Written consent from Property Owner, if not the applicant
8.	Copy of the Rental Lease for the business location
9.	Valid Federal Firearms License(s) (Applications available on the ATF main webpage)
10.	Zoning Approval from the Planning Department (Handled by the Permit Coordinator)
11.	Certificate of Occupancy ( <a href="https://permitsonline.roseville.ca.us">https://permitsonline.roseville.ca.us</a> or Building Division-Permit Center 311 Vernon Street, by appointment only)
12.	Fire/Life Safety Inspection (Fire Department) 916-774-5800
13.	Proof of business entity status (W-9 Forms are available on the main IRS webpage) <ul style="list-style-type: none"> <li>• If a sole proprietor, please provide your current Form W-9.</li> <li>• If a corporation, please provide your current Form W-9, date of incorporation, evidence corporation is in good standing under laws of California, the names and capacities of all officers and directors and name and address of registered agent for service of process.</li> <li>• If a limited liability corporation, please provide your current Form W-9, date of formation, evidence limited liability company is in good standing under laws of California, the names and capacities of all members, and name and address of registered agent for service of process.</li> <li>• If a partnership, please provide a copy of the partnership agreement the names and contact information for all partners, and a current Form W-9 for all partners.</li> </ul>
14.	If applicant is also an independent contractor, in addition to providing the information in Section 13 above, evidence of the independent contractor relationship must be provided. *Please note, review of independent contractor relationship is for application purposes only and is no representation, certification, or guarantee that applicant is in fact an independent contractor under the California Labor Code.

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Business Name \_\_\_\_\_

**Review City Municipal Code, Title 10 Public Peace, Morals, & Welfare Chapter 10.80  
Discharging Firearms**

**BUSINESS ESTABLISHMENT INFORMATION**

- Sole Proprietor  Independent Contractor  Corporation  Limited Liability Corporation
- Partnership  Other \_\_\_\_\_

Business Name \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_

Business Address \_\_\_\_\_

Location Square Footage \_\_\_\_\_

Business Owner \_\_\_\_\_ Business Owner's Telephone (\_\_\_\_) \_\_\_\_\_

Website Address \_\_\_\_\_

Maximum Occupancy \_\_\_\_\_

Hours of Operation \_\_\_\_\_

**APPLICANT INFORMATION**

- Owner  Other \_\_\_\_\_

Applicant Full Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Male / Female      Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Scars, tattoos or other distinguishing marks \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Residence addresses for the past five (5) years (Begin with your current address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Business Name \_\_\_\_\_

Employment history for the past five (5) years (Begin with the current or most recent; include the business name, address, and phone number):

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Do you now hold, or have you ever previously held, a range permit or owned any similar business?

Yes     No

If "Yes", explain when and where:

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Have you ever had a Range Permit or Business License suspended or revoked?

Yes     No

If "Yes", provide an explanation:

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Have you ever been convicted of any Misdemeanor or Felony crime?  Yes     No

If yes, state the nature of the offense(s), jurisdiction where offense occurred and sentence.

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Are you presently, or have you **EVER** been, on informal/formal probation or parole in California or elsewhere?

Yes     No    If yes, provide all details, including probation/parole officer's name, office address and phone number.

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Have you ever been convicted of a misdemeanor involving moral turpitude?     Yes     No

**What is "Moral Turpitude"?** *Moral turpitude is a legal concept in the United States that refers to the gross violation of standards of moral conduct. Conviction of crimes of moral turpitude may disqualify someone from an employment opportunity. Some examples of crimes involving "moral turpitude" include: grand theft, perjury, vice crimes, bigamy, rape, arson, blackmail, embezzlement, fraud, robbery, prostitution, murder, voluntary manslaughter, narcotic sales and falsifying a crime report. Liquor law violations and disorderly conduct do not fall under this classification.*

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Business Name \_\_\_\_\_

If yes to the above concerning moral turpitude, provide details and jurisdiction where offense occurred.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List 3-character references other than immediate family members (Name, address, and phone number).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I give permission to allow a background investigation to verify the information provided.**

YES Initial: \_\_\_\_\_

**ON-SITE RESPONSIBLE PERSONS**  
(Managers/Supervisors)

**If you have more than one, please list additional on-site responsible persons (Managers/Supervisors) with their information as listed below on a separate page along with their signature acknowledging and providing permission for a background check. Attach these additional pages to your application.**

Name \_\_\_\_\_ Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Driver's License Number/State \_\_\_\_\_

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

Residence Phone (\_\_\_\_) \_\_\_\_\_ Alternate Contact Phone (\_\_\_\_) \_\_\_\_\_

***Please advise the On-Site Manager/Supervisor (responsible persons) there will be a background check and have them sign below acknowledging and providing permission for the background check.***

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

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Business Name \_\_\_\_\_

**EMERGENCY ACTION PLAN/BUSINESS DIAGRAM**

Please provide with this application an Emergency Action Plan that details the actions to be taken for the safety of patrons in the event of an emergency, along with a diagram of the business detailing location(s) of the exit(s). The sketch or diagram need not be professionally prepared but must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches.

Please initial if the Security Plan is **unchanged** from the plan submitted with the prior permit.

\_\_\_\_\_ Initials

Please initial if the Business Diagram is **unchanged** from the plan submitted with the prior permit.

\_\_\_\_\_ Initials

**CHANGES OF ANY KIND TO THE INFORMATION PROVIDED ON THIS APPLICATION MUST BE REPORTED TO THE ROSEVILLE POLICE DEPARTMENT IN WRITING WITHIN TEN (10) CALENDAR DAYS.**

I, the undersigned applicant, hereby certify under penalty of perjury that the answers and statements I have made on all pages of this application and in all supporting documents are true, correct and complete to the best of my knowledge and belief. I understand that any information misrepresented or intentionally omitted will result in automatic denial of this application, and/or revocation of the permit, and may subject me to criminal prosecution. I have read and understand the applicable sections of the Roseville Municipal Code as it applies to Firearms and agree to abide by such ordinances.

\_\_\_\_\_  
APPLICANT: **Signature**

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
CITY REPRESENTATIVE: **Signature**

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Date**

▽ FOR POLICE DEPARTMENT USE ONLY ▽

Notes: