

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: \_\_\_\_\_