	Check Permit Type		Check Type
	☐ PURCHASE	**MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT PERMIT TO PURCHASE/TRANSFER** *(TYPE OR PRINT ONLY)*	☐ NEW
	☐ TRANSFER		☐ RENEWAL

NOTICE TO APPLICANT: An incomplete application will be **denied**. In the event an applicant is found to have knowingly falsified this application, or omitted pertinent information, that person may be subject to criminal prosecution. The waiting period will begin on the date this application is submitted.

NOTICE TO LICENSED DEALER: This form must be completed in its entirety or it will be denied. The section marked Dealer Information must be completed in addition to the applicant information. This application must be delivered to the law enforcement agency having jurisdiction within three (3) days or it will not be considered.

DEALER INFORMATION				
DEALER NAME (BUSINESS NAME):			FF LICENSE NUMBER:	
DEALER STREET ADDRESS:		CITY	STATE	ZIP CODE:
APPLICANT'S IDENTITY VERIFIED BY PICTURE ID: ☐ YES ☐ NO	DATE OF AGREEMENT TO TRANSFER:		SIGNATURE OF DEALER REPRESENTATIVE:	

DATA PRACTICES ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a permit to purchase a firearm or for reporting the transfer of a firearm, you are being asked to provide private data about yourself which will be used to check various databases to determine your eligibility.

You may refuse to provide this information; however, should you refuse, the background check cannot be completed and your application will not be processed. Providing the information will permit the background check to be completed. The result of the check may be either affirmative or negative. The information you provide may be shared with other law enforcement agencies, via court order or as otherwise authorized or required by law.

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

SIGNATURE:	**DATE:**

APPLICANT INFORMATION						
NAME (LAST, FIRST,MIDDLE,JR/SR):					DATE OF BIRTH:	TELEPHONE NUMBER:
MAIDEN NAME (IF APPLICABLE) OR OTHER NAMES YOU HAVE USED:						
PRESENT RESIDENCE ADDRESS:			CITY/TOWNSHIP (if applicable):		COUNTY:	STATE: / ZIP CODE:
RACE:	SEX:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:	MN DRIVER'S LICENSE OR STATE ID NUMBER:
DISTINGUISHING PHYSICAL CHARACTERISTICS (INCLUDING SCARS, MARKS, TATTOOS, ETC):						

PREVIOUS RESIDENCE (PAST 5 YEARS)					
From (Mo/Yr) – To (Mo/Yr)	STREET ADDRESS	CITY/TOWNSHIP (if applicable)	COUNTY	STATE	ZIP

AUTHORIZATION FOR RELEASE OF INFORMATION FOR BACKGROUND CHECKS

NAME (LAST, FIRST,MIDDLE,JR/SR):	DATE OF BIRTH:	TELEPHONE NUMBER:
MAIDEN NAME (IF APPLICABLE) OR OTHER NAMES YOU HAVE USED:		

PRESENT RESIDENCE ADDRESS:	CITY/TOWNSHIP (if applicable):	COUNTY:	STATE:	ZIP CODE:

TO: Minnesota Department of Human Services or a similar government agency in another state that maintains data about civil commitments

By signing this Authorization for Release of Information, I am giving the Minnesota Department of Human Services or a similar government agency in another state permission to release the following types of information about me to the named law enforcement agency. I understand that this information will be used by the law enforcement agency as part of a background check to determine whether I am eligible for a permit to carry, to renew a permit to carry or for a permit to purchase.

The information I am asking to be released is whether I have been:

- Confined as a result of an emergency mental health or other type of hold order
- Confined as a result of a court hold order
- Committed by a court as mentally ill, developmentally disabled or mentally ill and dangerous
- Committed as chemically dependent
- Found incompetent to stand trial or have been found not guilty by reason of mental illness
- Admitted voluntarily to a facility for treatment as a result of mental illness, developmental disability or chemical dependency

The information is to be release to the listed law enforcement agency:

Name: BELLE PLAINE POLICE DEPARTMENT

Address: 420 EAST MAIN ST., BELLE PLAINE, MN 56011

Contact person and phone number:
LORI LATZKE 952-873-4307

I understand that by signing this form, I am requesting that the information listed be sent to the law enforcement agency listed. I may stop this consent at any time by writing to the Minnesota Department of Human Services or government agency in another state. If information has already been released based on this consent, my request to stop will not work for that information.

I understand that when the information is sent to the law enforcement agency, the information could be re-disclosed as provided under federal and state law. If I choose not to sign this consent form, I may not be able to receive a permit.

This consent will end one year from the date any permit is issued unless I indicate an earlier date or event here:

SIGNATURE :	**DATE:**

For Law Enforcement Use Only – Permit Issue Date:

RESTRICTIONS

The following restrictions apply to the possession of firearms, to transferee permits, and reports of transfer for handguns and semiautomatic military-style assault weapons. Individuals with restrictions shall not be entitled to possess a pistol or any other firearm.

- Must be 21 years old to purchase a handgun or handgun ammunition from a federally licensed dealer (18 U.S.C 922 (x) and 19 U.S.C 922 (b)(1).Must be at least 18 years old to possess a handgun, but **may not purchase one** (Minn. Stat. 624.713)
  NOTE: A purchase permit is no longer required to purchase a semiautomatic military-style assault weapon from a Federally licensed gun dealer.

- Must not have been convicted of a crime of violence (as defined in Minnesota Statutes §624.712, subdivision 5) in Minnesota or elsewhere unless civil rights have been restored and during that time you have not been convicted of any other crime of violence.

- Must not have been charged with a crime of violence while under the jurisdiction of the juvenile court, or placed in a pretrial diversion program by the court before disposition, until you have completed the diversion program and the charge of committing the crime of violence has been dismissed.
  NOTE: The lifetime prohibition on possessing, receiving, shipping, or transporting firearms for persons convicted or adjudicated delinquent or a crime of violence in clause (2), applies only to offenders who are discharged from sentence or court supervision for a crime of violence on or after August 1, 1993.

- Must not have been convicted of fifth-degree assault as defined in Minnesota Statutes §609.224 or domestic assault as defined in Minnesota Statutes §609.2242 in Minnesota or elsewhere since August 1, 1992: (1) within 3 years of a previous assault conviction under Minnesota Statues§609.221 to §609.224; or (2) where the assault victim was a family or household member, unless 3 years have elapsed since the date of conviction and during that time you have not been convicted of any other fifth-degree or domestic assault.

- Must not have been convicted in any court of a misdemeanor crime of domestic violence as meant by 18 United States Code section 922(g)(9).**Additionally, federal law may prohibit the possession of a handgun pursuant to 18 United States Code section 922(g) (9) for anyone convicted in any court of a misdemeanor crime of domestic violence.**

- Must not be subject to a court order that (1) was issued after a hearing of which you had actual notice and at which you had an opportunity to participate; (2) restrains you from harassing, stalking, or threatening an intimate partner, a child of an intimate partner, or your own child, or engaging in other conduct that would place an intimate partner in a reasonable fear of bodily injury to that person or a child; and (3) includes a finding that you represent a credible threat to the physical safety of such intimate partner or child or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury.

- Must not be an unlawful user of any controlled substance as defined in Chapter 152 of Minnesota Statutes.

- Must not be a person who is or has ever been committed by a judicial determination for treatment for the habitual use of a controlled substance or marijuana, as defined in Minnesota Statutes, sections 152.01 and 152.02, unless the person's ability to possess a firearm has been restored under624.713 subdivision 4 and must not have been convicted in Minnesota or elsewhere of a misdemeanor or gross misdemeanor violation of Chapter152 of Minnesota Statutes, unless three years have elapsed since the date of conviction and, during that time, the person has not been convicted of any other such violation of Chapter 152 of Minnesota Statutes or a similar law of another state.

- Must not have been committed to a treatment facility in Minnesota or elsewhere as chemically dependent, unless you have completed treatment or your civil rights to possess a firearm have been restored.

- Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mentally ill," "mentally retarded," or "mentally ill and dangerous to the public."

- Must not be a peace officer who has been informally admitted to a treatment facility for chemical dependency, unless you possess a certificate from the head of the treatment facility discharging or provisionally discharging you from that facility.

- Must not have been convicted in Minnesota or elsewhere of a crime punishable by imprisonment for more than a year (other than offenses pertaining to antitrust violations, unfair trade practices, restraints of trade, or similar offenses relating to the regulation of business practices) unless your civil rights have been restored or the conviction has been pardoned, expunged, or set aside.

- Must not be a fugitive from justice as a result of having fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceeding.

- Must not be an alien who is illegally or unlawfully in the United States.

- Must not have been discharged from the armed forces of the United States under dishonorable conditions.

- Must not have renounced your United States citizenship.

- Must not have been convicted of a gross misdemeanor level crime committed for the benefit of a gang (609.229); assault motivated by bias(609.2231, subd. 4); false imprisonment (609.255); neglect or endangerment of a child (609.378); burglary in 4th degree (609.582 subd. 4); setting a spring gun (609.665); riot (609.71) or harassment and stalking (609.749), unless three years have elapsed since the date of conviction and during that time, you have not been convicted of any other violation of these sections.

COMPLETE THE FOLLOWING QUESTIONS

1.	**I am (check one):**	☐ American Citizen	☐ Legal Resident	☐ Alien (Attach copy of documentation)

2.	Have you ever renounced your citizenship having been a citizen of the United States?	☐ Yes ☐ No
3.	Have you ever served in the armed forces of the United States?	☐ Yes ☐ No
4.	Have you ever been discharged from the armed forces of the United States under dishonorable conditions?	☐ Yes ☐ No
5.	Have you ever been charged or adjudicated as a juvenile or convicted for what would be a crime of violence as defined in Minn. Stat. § 624.712 in Minnesota or elsewhere **and not** been restored your civil rights?.....If yes, complete the following information:	☐ Yes ☐ No
	Dates: Crime(s): Location of Charge/Adjudication or Conviction (City, County, State)	
6.	Have you been convicted after August 1, 1992, of assault in the fifth degree under Minn. Stat. §609.224 orof domestic assault under Minn. Stat. §609.2242?..... If yes, was the assault committed within three years of a previous assault conviction under Minn. Stat. §609.21to Minn. Stat. §609.224 **OR** was the assault victim a family or household member?..... If yes, complete the following information:	☐ Yes ☐ No ☐ Yes ☐ No
	Dates: Crime(s): Location of Charge/Adjudication or Conviction (City, County, State)	
7.	Have you been convicted of a crime punishable by imprisonment for a term exceeding one year regardless of what punishment was actually imposed?..... If yes, complete the following information:	☐ Yes ☐ No
	Dates: Crime(s): Location of Charge/Adjudication or Conviction (City, County, State)	
8.	Have you ever been pardoned for a crime of violence? If yes, complete the following information:	☐ Yes ☐ No
	Dates: Crime(s): Location of Charge/Adjudication or Conviction (City, County, State)	
	Under the law of the jurisdiction where you were convicted, has your conviction been expunged, set aside, pardoned, or have you had your civil rights restored? (Attach a copy of documentation establishing that the conviction has been expunged, set aside, pardoned or that you have had your civil rights restored.)	☐ Yes ☐ No
9.	Have you ever been convicted for the unlawful use, possession, or sale of a controlled substance (other than conviction for possession of a small amount of marijuana as defined in Minn. Stat. §152.01, subd. 16)?	☐ Yes ☐ No
10.	Are you an unlawful user of any controlled substance as defined in Chapter 152, Minnesota Statutes?.....	☐ Yes ☐ No
11.	Have you ever been hospitalized or committed for treatment for the habitual use of a controlled substance or marijuana? If yes, attach proof that you have not abused a controlled substance or marijuana during the previous two years.	☐ Yes ☐ No
12.	Have you ever been confined or committed to a treatment facility in Minnesota or elsewhere as "chemically dependent" as defined in Minn. Stat. §253B.02?	☐ Yes ☐ No
	If yes, have you completed treatment?	☐ Yes ☐ No
13.	Have you fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceedings?	☐ Yes ☐ No
14.	Are you a peace officer?	☐ Yes ☐ No

If yes, have you ever been informally admitted to a treatment facility pursuant to Minn. Stat. §253B.04 for chemical dependency? If yes, attach certificate from head of the facility discharging or provisionally discharging you from the facility.	☐ Yes ☐ No
15. Have you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally ill," "developmentally disabled," or "mentally ill and dangerous to the public" person as defined in Minn. Stat. §253B.02? If yes, attach proof that you are no longer suffering from this disability.	☐ Yes ☐ No
16. Have you been confined in a treatment facility as a "mentally ill,", "developmentally disabled," or "mentally ill and dangerous to the public" person as defined in Minn. Stat. §253B.02 or been found incompetent to stand trial or not guilty by reason of mental illness?	☐ Yes ☐ No
17. Are you subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner, the child of an intimate partner, or your own child? If yes, attach a copy of court order.	☐ Yes ☐ No
18. Have you been convicted in any court of a misdemeanor crime of domestic violence? If yes, complete the following information:	☐ Yes ☐ No
Dates: Crime(s): Location of Charge/Adjudication or Conviction (City, County, State)	

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATIO/RECEIPT IS CORRECT UPON PENALTY OF PROSECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HERE UNDER.	
SIGNATURE:	**DATE:**

MINNESOTA UNIFORM FIREARM APPLICATION
PERMIT TO PURCHASE OR TRANSFER

CHECK TYPE
☐ NEW
☐ RENEWAL

RECEIPT

I HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:

_____
(Name of Applicant)

Date: _____ Time: _____

_____ _____
Signature of person accepting application Issuing Law Enforcement Agency

This receipt *DOES NOT* constitute a permit to acquire or possess firearms.