MARQUETTE CITY POLICE DEPARTMENT
300 W. Baraga Avenue
Marquette, MI 49855

APPLICATION FOR LICENSE TO PURCHASE A PISTOL OR REVOLVER

Name: _____/_____/_____
(Last) (First) (Middle)

Date of Birth: _____/_____/_____ **State of Birth:** _____

Height: _____ **Eye Color:** _____ **Hair Color:** _____

Citizenship ☐ United States
☐ Other (Specify) _____ **Gender:** M / F

Driver's License Number: _____

Phone Number: _____

Medical Marijuana Card? ☐ Yes / ☐ No

Have you ever been dishonorably discharged from the military? ☐ Yes / ☐ No

****

I am a citizen of the United States and have resided in this state for more than (6) months and have never been adjudged insane or convicted of a felony offense.

_____ _____
Signature **Date**

****

Criminal Record Check:

Date: _____/_____/_____ Local Check: _____

LEIN Printout Number: _____ Approved: Y/N

Miscellaneous:_____
_____
_____
_____
_____
_____