

**TOWN OF CUMBERLAND – OFFICE OF THE TOWN CLERK**  
**45 BROAD STREET, CUMBERLAND RI 02864**  
**(401)728-2400 FAX (401)724-1103**

**FIRE ARM SALES LICENSE**

**License fee -\$5**

**Renewal fee - \$5**

**Non-refundable Application fee--\$10**

A **Fire Arm Sales License** is required for all retail dealers in to order to sell other otherwise transfer, or expose for sale or transfer, or have in possession with intent to sell or otherwise transfer, any pistol, revolver, or other firearm without being licensed as provided in Chapter 11 of the State of Rhode Island General Laws. Please note the following:

- (1) The business shall be carried on only in the building designated in the license;
- (2) The license, or a copy of it, certified by the issuing authority shall be displayed on the premises where it can easily be read; and
- (3) No pistol or revolver may be sold under any circumstances unless the purchaser is personally known to the seller or shall present clear evidence of his or her identity.

The following must be submitted with the Application:

- (1) Letter of Good Standing from the Attorney General's Office;
- (2) Sales Permit Tax Identification Number; and
- (3) Report including a description of the type of sales that will occur.

All of the above must be submitted at least one week prior to the next meeting of the Town Council, which meets on the first and third Wednesday of each month.

*All Fire Arm Sales Licenses expire every year on March 31<sup>st</sup> no matter what the application date may be.*

**BUSINESS INFORMATION:**

License Number \_\_\_\_\_ Tax ID Number \_\_\_\_\_

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

DBA Name, if applicable \_\_\_\_\_

Business Type: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ LLC

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

Assessor's Plat \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zone \_\_\_\_\_

Business Mailing Address, if different \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Business Fax Number \_\_\_\_\_

Property Owner Name and Address \_\_\_\_\_

**BUSINESS OWNER INFORMATION:**

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

Owner Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Owner Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

**CONTACT PERSON INFORMATION:**

Contact Person Name, Address, and Phone Number (if different from Owner) \_\_\_\_\_

Contact Person Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

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

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**TOWN CLERK**

**DATE GRANTED:** \_\_\_\_\_