



**CALIFORNIA DEPARTMENT OF JUSTICE  
BUREAU OF FIREARMS  
Application for  
Ammunition Vendor License (Non-Firearms Dealer)**



**Part A - Ammunition Vendor or Business Entity Information**

\_\_\_\_\_ Ammunition Vendor or Business Entity Name

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Business Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number

**Hours of Operation**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday  
\_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Local Ammunition Vendor Licensing Authority (issuer of local business license)

\_\_\_\_\_ Local Law Enforcement Agency (police or sheriff's department)

Please indicate the type of business ownership:

- Individual Owner/Sole Proprietor       Limited Partnership       Corporate Ownership
- Limited Liability Company       General Partnership       Limited Liability Partnership

**OPTIONAL:** Please provide the name, title, address, phone number, and email address of the applicant's agent for service of process in the State of California.

\_\_\_\_\_ Name \_\_\_\_\_ Title

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number

**OPTIONAL:** Please provide the name, title, address, phone number, and email address of the person to contact for clarification of information provided in this application package:

\_\_\_\_\_ Name \_\_\_\_\_ Title

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number



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**Part B - Ammunition Vendor Licensee Information**

Licensee Name/Responsible Party (as it appears on California driver license or identification card)

Certificate of Eligibility (COE) Number

COE Expiration Date

Federal Firearms License (FFL) Number (If applicable)

FFL Expiration Date

Local Business License (LBL) Number

LBL Expiration Date

Other Local License (OLL) Number

OLL Expiration Date

California Board of Equalization Seller's Permit Number

**Part C - Additional Ammunition Vendor Licensee(s)**

*Please complete this section if there is more than one licensee/responsible party with a COE and LBL for the Ammunition Vendor listed above.*

Licensee Name/Responsible Party (as it appears on California driver license or identification card)

COE Number

COE Expiration Date

Licensee Name/Responsible Party (as it appears on California driver license or identification card)

COE Number

COE Expiration Date

Licensee Name/Responsible Party (as it appears on California driver license or identification card)

COE Number

COE Expiration Date



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**Part D - Employee Certificate of Eligibility Information**

*Please complete this section for every employee with a COE who will be handling, selling, delivering, or have under his/her custody or control any ammunition.*

\_\_\_\_\_  
Employee Name (as it appears on California driver license or identification card)

\_\_\_\_\_  
COE Number

\_\_\_\_\_  
COE Expiration Date

\_\_\_\_\_  
Employee Name (as it appears on California driver license or identification card)

\_\_\_\_\_  
COE Number

\_\_\_\_\_  
COE Expiration Date

\_\_\_\_\_  
Employee Name (as it appears on California driver license or identification card)

\_\_\_\_\_  
COE Number

\_\_\_\_\_  
COE Expiration Date

**Part E - Certification**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Printed Name of Licensee/Responsible Party listed in Part B

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Licensee/Responsible Party listed in Part C

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Licensee/Responsible Party listed in Part C

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Licensee/Responsible Party listed in Part C

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part F - Fees**

Ammunition Vendor License Annual Fee:

\$198

Please make a check or money order payable to the Department of Justice. Mail check and completed application to the below address:

Department of Justice  
Bureau of Firearms - Ammunition Vendor Licensing Unit  
P.O. Box 160487  
Sacramento, CA 95816-0487



**ADOPT**

# Application for Ammunition Vendor License (Non-Firearms Dealer) INSTRUCTIONS



## Application Requirements

Applications for an ammunition vendor license must be typed or printed in ink. Incomplete applications will not be processed and will be returned with all required fees. Applications must be accompanied by copies of the Federal Firearms License (FFL) (if applicable), Local Business License (LBL), the Board of Equalization's Seller's Permit for each individual identified as a licensee in conjunction with the business, and a listing of all employees with a certificate of eligibility (COE). If you have any questions, please contact the Bureau of Firearms at (916) 227-2665.

### Part A - Ammunition Vendor or Business Entity Information

- Provide the ammunition vendor or business entity name, telephone number, fax number, physical location, mailing address, and business email address. The physical location information is frequently different when a post office box or a rural route number is used as the mailing address.
- Provide type of business ownership.
- Name, title, address, phone number, and email address of the applicant's agent for service of process in the State of California. Please reference weblink <http://www.sos.ca.gov/business-programs/business-entities/service-process/> for more information regarding service of process.
- Name, title, address, phone number, and email address of the person to contact for clarification of information provided in this application package.
- Provide the ammunition vendor's hours of operation for each day of the week listed, using hh:mm AM/PM format.
- Provide the local ammunition vendor licensing authority's name, along with the name of the police or sheriff's department that is responsible for law enforcement protection in your community. The local licensing authority is the local department or bureau that issues the local business license in your jurisdiction.

### Part B - Ammunition Vendor Licensee Information

- Provide the licensee name/responsible party as it appears on his/her California driver license or identification card, along with their corresponding (COE), (FFL) (if applicable), and (LBL), numbers and expiration dates. The Board of Equalization Seller's Permit number must also be provided.

### Part C - Additional Ammunition Vendor Licensees

- Each additional licensee/responsible party who is listed on the FFL (if applicable), LBL, and Board of Equalization Seller's Permit, and who desires to be identified as a responsible party for this business must also provide his/her name as it appears on their California driver license or identification card along with their corresponding COE number and expiration date. Part C may be copied to accommodate as many additional licensees as necessary.

### Part D - Employee Certificate of Eligibility Information

- For each agent or employee who has access to ammunition for this business, the licensee must provide the agent's or employee's name as it appears on their California driver license or identification card along with their corresponding COE number and expiration date. Part D may be copied to accommodate as many additional employees as necessary.

### Part E - Signatures

- The licensee(s) must sign and date the certification statement affirming the information provided is true and correct. Part E may be copied to accommodate as many additional signatures as necessary.

### Part F - Fees

- The ammunition vendor license fee is \$198.
- Make check or money order payable to the Department of Justice for the appropriate remittance. Attach the check or money order to the lower right margin of the form.
- Mail the completed application, remittance and required documentation to the below address:

Department of Justice  
Bureau of Firearms - Ammunition Vendor Licensing Unit  
P.O. Box 160487  
Sacramento, CA 95816-0487

*Allow 30 business days for processing initial applications.*



# Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information:** The Division of Law Enforcement in the Department of Justice collects the information requested on this form as authorized by Penal Code section 30385. The Division of Law Enforcement uses this information to establish grounds for the issuance of the license or permit indicated on this application. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information:** All the personal information requested in the form must be provided. If you fail to provide any of the required personal information, the unprocessed report will be returned to you for completion and resubmission.

**Access to Your Information:** You may review the records maintained by the Division of Law Enforcement in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information:** In order to ensure you are not prohibited and establish grounds for the issuance of the license or permit indicated on this application, we may need to share the information you give us with entities as authorized in Penal Code section 11105. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information:** For questions about this notice or access to your records, you may contact the Staff Services Analyst in the Customer Support Center at (916) 227-7527, via email at [firearms.bureau@doj.ca.gov](mailto:firearms.bureau@doj.ca.gov), or by mail at P.O. Box 160487, Sacramento, CA 95816-0487.