

**CALIFORNIA DEPARTMENT OF JUSTICE
Ammunition Vendor License Renewal Fee Transmittal**

<Business Name>
<Address>
<City, CA Zip>

Vendor:

Total Annual Fee: \$198

Instructions

Make any business information changes next to the line number that requires correction. If no changes are made, indicate no change by checking the appropriate box. All licensees must sign and date the renewal form. Submit the completed original form with wet signature and fee to:

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

1. Ammunition Vendor/Business Information:
 - a. Ammunition Vendor License Number
 - b. Business Telephone Number
 - c. Business Fax Number
 - d. Physical Address
 - e. Mailing Address (if different)
 - f. Business Email Address
 - g. Vendor Physical Location Type (business or residential)
2. Days and Hours of Operation
3. Business Type
4. Agent for Service of Process Information:
 - a. Name
 - b. Title
 - c. Physical Address
 - d. Telephone Number
 - e. Email Address
5. Alternate Contact Person Information:
 - a. Name
 - b. Title
 - c. Physical Address
 - d. Telephone Number
 - e. Email Address

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- 6. Local Business License Authority
- 7. Local Law Enforcement Agency
- 8. Ammunition Vendor Licensee(s) Information
 - a. Names(s)
 - b. Certificate of Eligibility (COE) Number(s)
 - c. Federal Firearms License Number (if applicable)
 - d. Local Business License Number
 - e. Other Local License Number (if applicable)
 - f. California Department of Tax and Fee Administration (CDTFA) Seller’s Permit Number
 - g. CDTFA Firearm and Ammunition Excise Tax (FET) Certificate of Registration Number
- 9. Employee of COE Information
 - a. Names(s)
 - b. COE Number(s)
 - c. COE Expiration Date

No changes

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____