

This permit is not valid until all required signatures are obtained **and** permit is returned to Town Hall



WEAPONS DISCHARGE PERMIT

PERMIT # _____
Expires one year from date of issuance

APPLICANT INFORMATION			
First Name:	Middle Initial:	Last Name:	
Phone:		Email:	
Current address:			
City:	State:	ZIP Code:	
Height:	Weight:	Eye color:	Hair Color:
Date of Birth:	Hunting License Number:		
DISCLAIMER AND SIGNATURE			
<i>I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all the above information is accurate. I have received the informational handouts and understand the Town has areas where the discharge of weapons is permitted. I realize that if I do not comply with these conditions, penalties will be assessed.</i>			
Signature of Applicant:			Date:
WEAPONS DISCHARGE AREA/LANDOWNER INFORMATION			
First Name:	Middle Initial:	Last Name:	
Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:	Tax Key #:	
Signature of Landowner/Lessee:			Date:
OFFICIAL USE ONLY			
Fee:	By:	Date:	Check #