

**COTTLEVILLE POLICE DEPARTMENT
DISCHARGE OF FIREARMS PERMIT**

NOTE: THIS PERMIT MUST BE CARRIED AT ALL TIMES WHILE YOU ARE DISCHARGING A FIREARM WITHIN THE CITY LIMITS OF COTTLEVILLE, MISSOURI. YOU MUST ALSO HAVE PROPER IDENTIFICATION AND HUNTING LICENSE (IF REQUIRED) AND IT MUST BE PRESENTED TO A POLICE OFFICER UPON REQUEST.

NAME: _____ D.O.B. _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PURPOSE OF REQUEST: _____

WEAPON INFORMATION

TYPE: _____ MAKE: _____ MODEL: _____

CALIBER: _____ SERIAL #: _____ ACTION: _____
(PUMP, BOLT, SEMI, ETC.)

SHOOTING LOCATION

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OTHER LOCATIONS: _____

NAME OF PROPERTY OWNER: _____

NOTE: IF SHOOTING OR HUMTING ON PROPERTY OTHER THAN YOUR OWN, YOU MUST HAVE A SIGNED LETTER OF PERMISSION FROM THE PROPERTY OWNER IN YOUR POSSESSION WHILE DISCHARGING YOUR WEAPON.

I hereby certify that the above information is true and accurate to the best of my knowledge. I understand that issuance of the permit is at the discretion of the Chief of Police, who may refuse to issue the permit and may revoke it at any time, based on consideration of legal and safety issues. I understand that a police record check may be done on me prior to the issuance of this permit. I understand and acknowledge that this permit merely grants permission for me to discharge a firearm in a lawful manner within the city limits of Cottleville, in applicable laws, rules and regulation; and that this permit in no way assigns or implies any liability, culpability, or responsibility of any kind to the city of Cottleville or its agent and officer for any action, or result of any action, that I take while discharging a firearm.

SIGNED: _____ DATE: _____

CHIEF OF POLICE: _____ DATE: _____