NTN/	Permit #:

MACON COUNTY SHERIFF'S OFFICE
1820 Lakeside Drive
Franklin, N.C. 28734

APPLICATION FOR GUN PERMIT
N.C.G.S. 14-403

PLEASE PRINT LEGIBLY   **DATE OF APPLICATION:** _____

NAME: _____
       (LAST)   (FIRST)   (MIDDLE)

ADDRESS: _____
          (NUMBER)   (STREET)

_____
       (CITY)   (STATE)   (ZIP)

HOME PHONE: _____   WORK PHONE: _____

DATE OF BIRTH: _____ SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____

HAIR: _____ SOCIAL SECURITY NUMBER: _____ STATE OF BIRTH: _____

N. C. DRIVERS LICENSE NUMBER: _____

APPLICATION PURPOSE: PROTECTION OF HOME, BUSINESS OR PROPERTY: _____ TARGET SHOOTING: _____
                 COLLECTING: _____ HUNTING: _____

A NON-REFUNDABLE FEE OF $5.00 PER PERMIT REQUESTED IS PAYABLE AT TIME REQUEST IS SUBMITTED, CHECK OR MONEY ORDER ADDRESSED TO "MACON COUNTY" ONLY. NO CASH.

ALL APPLICATION IS SUBJECT TO A BACKGROUND CHECK WHICH MAY RESULT IN AN APPLICATION BEING DENIED BY THIS AGENCY.

EACH APPLICANT SHALL BE NOTIFIED IF THE GUN PERMIT IS DENIED. APPLICANT SHALL HAVE 10 DAYS TO PICK-UP PERMIT, IF PERMIT IS NOT PICKED UP WITHIN 10 DAYS, APPLICATION FEE SHALL BE FORFEITED AND PERMIT DESTROYED.
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HISTORY INFORMATION PROCESSED BY: _____ DATE: _____

DATE APPROVED: _____ APPROVED BY: _____

DATE DENIED: _____ DENIED BY: _____   REASON PERMIT WAS DENIED:

_____
****

APPLICATION / FEE RECEIVED: _____ RECEIVED BY: _____

DATE APPLICANT NOTIFIED PERMIT

IS READY FOR PICK-UP: _____ NOTIFIED BY: _____

DATE PERMIT   PICKED UP: ☐ DESTROYED: ☐ SIGNATURE: _____

09292008/cjl