

CITY OF BURNSVILLE, MINNESOTA POLICE DEPARTMENT

100 Civic Center Parkway Burnsville, Minnesota 55337 952-895-4600 • Fax 952-895-4640 Tanya S. Schwartz Chief of Police

IMPORTANT REMINDERS FOR COMPLETING PERMIT TO PURCHASE/TRANSFER:

- All fields are required and must be completed. Please note all signature fields are highlighted to be easily identified.
- A color copy of the front of your Minnesota Driver's License will be needed. Please bring a color photocopy of your driver's license at the time that you submit your application or have it available to be copied at that time.
- Permits may be dropped off in person at the Burnsville Police Dept Lobby on Monday-Friday from 8:00 am-4:15 pm.

CRITERIA FOR THE ISSUANCE OF PERMIT TO PURCHASE/TRANSFER

An applicant must:

- 1. Be a current resident of Burnsville
- 2. Not be disqualified based on answers provided on Page 3 of the application which would
- restrict you from possessing firearms.
- 3. Must pass the criminal history/background check

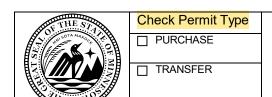
This application must be fully completed and legible or it will be denied. If approved, your permit will be mailed to your Burnsville mailing address.

Upon submitting a completed application, you will receive the receipt at the back of the form. Please fill in the highlighted fields

Every year, in order to purchase additional firearms, you must renew this permit. You do not need to renew the permit to continue to own current firearms.

PERMIT TO CARRY:

If you are looking for a permit to carry application, this is available through the Dakota County Sheriff's Office.



MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT PERMIT TO PURCHASE/TRANSFER

Check Type
□ NEW
RENEWAL

(TYPE OR PRINT ONLY)

TO REPORT A TRANSFER: Complete all sections.

NOTICE TO LICENSED DEALER: This form must be completed in its entirety or it will be denied. The section marked Dealer Information must be completed in addition to the applicant information. This application must be delivered to the law enforcement agency having jurisdiction over the transfer within three (3) days or it will not be considered.

agency naving jurisdi	iction over the transfe	r within thr	ee (3) days	or it will i	not be cons	siaerea	•			
			DEALER	RINFORM	ATION					
DEALER NAME (BUSINESS NAME):							FF LICENSE NUMBER:			
DEALER STREET ADDRESS:			(CITY			STATE	ZI	IP ODE:	
APPLICANT'S IDEN' PICTURE ID: YES	TITY VERIFIED BY		DATE OF AGREEMENT TO TRANSFER:				SIGNATURE OF DEALER REPRESENTATIVE:			
TO APPLY FOR A P	PERMIT TO PURCHAS	SE: Comp	lete the sec	ctions th	at follow.					
NOTICE TO APPLICANT: An incomplete application will be denied . If an applicant is found to have knowingly falsified this application or omitted pertinent information that person may be subject to criminal prosecution. The waiting period will begin on the date this application is fully completed and submitted.										
			DATA PRAC							
The Minnesota Data Practices Act requires you be advised of the following: As an applicant for a permit to purchase a firearm or for reporting the transfer of a firearm you are being asked to provide private data about yourself that will be used to check various databases to determine your eligibility to lawfully acquire a firearm.										
You may refuse to provide this information. If you refuse, the background check cannot be completed and your application will not be processed. Providing the information will permit the background check to be completed. The result of the check may be either affirmative or negative. The data you provide may be shared with other criminal justice agencies, via court order or as otherwise authorized or required by law. I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.										
SIGNATURE: DATE:										
			APPLICAN	NT INFOR	MATION					
NAME (LAST, FIRST, M	/IIDDLE, JR/SR):						BIRTHDATE	ii.	PHONE	E NO.:
MAIDEN NAME (if applicable) OR OTHER NAMES YOU HAVE USED:										
PRESENT RESIDENCE	E ADDRESS:		CITY/TOW	/NSHIP:			STATE:	ZIP CODE:	CO	DUNTY:
SEX:	HEIGHT:	WEIGHT:		EYE CO				ICENSE OR	STATE I	ID NUMBER:
DISTINGUISHING PHYSICAL CHARACTERISTICS (INCLUDING SCARS, MARKS, TATTOOS, ETC):										

PREVIOUS RESIDENCE (PAST 5 YEARS)					
From (Mo/Yr) - To (Mo/Yr)	STREET ADDRES	SS CITY/TOWNSH	IP STATE	ZIP	COUNTY
		 	<u> </u>		
ΔΙΙΤΗΟ	PIZATION FOR REI	FASE OF HUMAN SEE	RVICES DATA FOR BAC	CKGROUND CHE	-CKS
NAME (LAST, FIRST, MIC		LAGE OF HOMAN OLI	WIOLO DATAT OR DA	BIRTHDATE:	PHONE NO.:
	<i>JDEE</i> , 01 (1011).			DITTITION (TE.	THORE NO.
MAIDEN NAME (if application	ble) OR OTHER NAM	ES YOU HAVE USED:			•
DDECENT DECIDENCE	ADDDECC.	CITY/TOWNCLUD.	STATE:	ZID CODE	COLINITY
PRESENT RESIDENCE A	ADDRESS.	CITY/TOWNSHIP:	STATE.	ZIP CODE:	COUNTY:
TO: Minnesota Departme	nt of Human Services	or a similar governmer	it agency in another state	that maintains d	lata about civil
commitments		J	5		
By signing this Authorizati	ion for Release of Data	a I am giving the Minne	sota Department of Hum	nan Services or a	similar government
agency in another state pounderstand this data will be					
permit to carry, to renew a				to determine wi	lettier i am eligible ioi a
pormit to durry, to remove a	r pormit to dairy or for	a porrint to paronace a	in odimi.		
The data I am asking to be	e released is whether	I have been:			
			l or mentally ill and dang	erous to the publi	IC
	court as chemically de		by reason of mental illn	966	
A peace officer in	oformally admitted to a	treatment facility for ch	nemical dependency	533	
A peace officer informally admitted to a treatment facility for chemical dependency					
The data is to be released to the listed law enforcement agency:					
Agency Name: Burnsville Police Department					
	·				
Agency Address: 100 Civic Center Pkwy Burnsville, MN 55337					
Agency Contact person and phone number: Gun Permits - Records 952-895-4600					
I understand that by signing this form I am requesting the data listed be sent to the law enforcement agency listed. I may stop this					
consent at any time by writing to the Minnesota Department of Human Services or government agency in another state. If data has					
already been released based on this consent, my request to stop the release will not work for that data.					
I understand when the data is sent to the law enforcement agency the data could be re-disclosed as provided under federal and state					
law. If I choose not to sign this consent form, I may not be able to receive a permit.					
ian. ii i onooo not to sigi		ina, not be able to recei	To a pointing		
This consent will end one year from the date any permit is issued unless I indicate an earlier date or event here:					
SIGNATURE: DATE:					
Earl ou Enforcement II	Only Downit lases Dat				
For Law Enforcement Use	July - Permit Issue Date	e:			

RESTRICTIONS

Please read the following restrictions carefully. They apply to the possession of firearms, to purchase/transfer permits, and reports of transfer for handguns and semiautomatic military-style assault weapons. Individuals with restrictions shall not be entitled to possess a pistol or any other firearm. The legal basis for the restrictions may be found in federal law (18 United States Code § 922) or Minnesota law (Minnesota Statutes, §§ 253B.02, 624.712, 624.713. 624.7131 or 624.714).

- Must be at least 21 years old to purchase a handgun or handgun ammunition from a federally licensed dealer.
- Must be at least 18 years old to purchase a semi-automatic assault rifle.
- Must not have been convicted, adjudicated delinquent, or convicted as an extended jurisdiction juvenile of a crime of violence in Minnesota or elsewhere unless my civil rights have been restored, and I have not been convicted of any other crime of violence during that time.

NOTE: This lifetime prohibition on possessing, receiving, shipping, or transporting firearms for persons convicted or adjudicated delinquent of a crime of violence applies only to offenders who are discharged from sentence or court supervision for a crime of violence on or after August 1, 1993.

- Must not have been charged with a crime of violence either as an adult or a juvenile and placed in a pretrial diversion program by the court before disposition, until I have completed the diversion program and the charge of committing the crime of violence has been dismissed.
- Must not have been convicted of fifth-degree assault as defined in Minnesota Statutes, § 609.224 or assault as defined in Minnesota Statutes, § 609.2242 or a similar offense in another state where the victim was a family or household member since August 1, 1992. As a further condition, I am not disqualified because three years have elapsed from the conviction and I have not been convicted of any other violation of § 609.224, subdivision 3 or 609.2242, subdivision 3 in Minnesota or a similar law in another state.
- Must not have been convicted in any court of a misdemeanor crime of domestic violence as defined in 18 United States Code section 922(g)(9). Federal law prohibits the possession of a firearm for anyone convicted in any court of a qualified misdemeanor crime of domestic violence.
- Must not be subject to a court order that (1) was issued after a hearing of which I had actual notice and at which I had an opportunity to participate; (2) restrains me from harassing, stalking, or threatening an intimate partner, a child of an intimate partner, or my own child, or engaging in other conduct that would place an intimate partner in a reasonable fear of bodily injury to that person or a child; and (3) includes a finding that I represent a credible threat to the physical safety of an intimate partner or child or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against an intimate partner or child that would reasonably be expected to cause bodily injury.
- Must not be subject to an extreme risk protection order as described in Minnesota Statutes, §§ 624.7172 or 624.7174.
- Must not be an unlawful user of any controlled substance as defined in Chapter 152 of Minnesota Statutes.

NOTE: Under Minnesota law, a patient in the registry program may refrain from reporting the use of medical cannabis flower and medical cannabinoid products as these terms are defined in Minn. Stat. § 624.712. Under Minnesota law, a person 21 years of age or older may refrain from reporting the use of adult-use cannabis flower, adult-use cannabis products, lower-potency hemp edibles, or hemp-derived consumer products as these terms are defined in Minn. Stat. § 624.712.

Warning: The use or possession of marijuana remains unlawful under federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in Minnesota.

• Must not be a person who is or has ever been committed by a judicial determination for treatment for the habitual use of a controlled substance as defined in Minnesota Statutes, §§ 152.01 and 152.02, unless my ability to possess a firearm has been restored under Minnesota Statutes, §624.713, subdivision 4.

CONTINUED ON NEXT PAGE

RESTRICTIONS

CONTINUED FROM PREVIOUS PAGE

- Must not have been convicted in Minnesota or elsewhere of a misdemeanor or gross misdemeanor violation of Chapter 152
 of Minnesota Statutes, unless three years have elapsed since the date of conviction, and I have not been convicted of any
 other violation of Chapter 152 of Minnesota Statutes or a similar law of another state during that time.
- Must not have been committed to a treatment facility in Minnesota or elsewhere as chemically dependent unless I have completed treatment or my civil rights to possess a firearm have been restored.
- Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mentally ill,"
 "developmentally disabled" or "mentally defective," or "mentally ill and dangerous to the public."
- Must not be a peace officer who has been informally admitted to a treatment facility for chemical dependency unless I
 possess a certificate from the head of the treatment facility discharging or provisionally discharging me from that facility.
- Must not have been convicted in Minnesota or elsewhere of a crime punishable by imprisonment for more than a year (other
 than offenses pertaining to antitrust violations, unfair trade practices, restraints of trade, or similar offenses relating to the
 regulation of business practices) unless my civil rights have been restored or the conviction has been pardoned, expunged, or
 set aside.
- Must not be a fugitive from justice as a result of having fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceeding.
- Must not be an alien who is illegally or unlawfully in the United States.
- Must not have been discharged from the armed forces of the United States under dishonorable conditions.
- Must not have renounced my United States citizenship.
- Must not have been convicted of a gross misdemeanor level crime committed for the benefit of a gang (§609.229); assault motivated by bias (§609.2231, subd. 4); false imprisonment (§609.255); neglect or endangerment of a child (§609.378); burglary in 4th degree (§609.582 subd. 4); setting a spring gun (§609.665); riot (§609.71) or stalking (§609.749), unless three years have elapsed since the date of conviction, and I have not been convicted of any other violation of these sections during that time. (All references are to Minnesota Statutes.)
- Must not be listed in the criminal gang investigative data system under Minnesota Statutes, § 299C.091.
- Must not have been denied a transferee permit or application in the last six months based upon a determination that you were
 a danger to yourself or the public when in possession of firearms.
- Must not be under a qualified domestic abuse restraining order as defined in 18 United States Code section 922 (g)(8) or (9) as amended through March 1, 2014.

AFTER READING THE ABOVE RESTRICTIONS, I STATE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I AM NOT PROHIBITED BY LAW FROM POSSESSING A FIREARM.				
SIGNATURE:	DATE:			
I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT UPON PENALTY OF				
PROSECUTION AND/OR VOIDING OF ANY PERMIT ISSUED.				
SIGNATURE:	DATE:			

Acknowledgement of Notice

The Burnsville Police Department, at the time of my application for Permit to Purchase a Firearm, has advised me that it is unlawful under Federal and/or State law for a person to dispose of any firearm or ammunition to a person knowing or having reasonable cause to believe that such a person is prohibited from receiving firearms or ammunition.

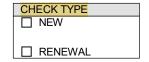
I hereby acknowledge that I understand that it would be a violation of Federal* and/or State law for me to deliver, return or otherwise transfer a firearm(s) to anyone prohibited by Federal* and/or State Firearms Law.

Signed:	 	
<mark>Printed Name</mark> :		
Date:		

*See 18 U.S.C. 922 (d)



MINNESOTA UNIFORM FIREARM APPLICATION PERMIT TO PURCHASE OR TRANSFER



RECEIPT

I HEREBY ACKNOWLEDGE ACCEPTANCE O	F THIS APPLICATION:
	(Name of Applicant)
Date:	_ Time:
Signature of person accepting application	Issuing Law Enforcement Agency

This receipt DOES NOT constitute a permit to acquire or possess firearms.