Agricultural Discharge of Firearms Permit Application

Name of Applicant: _____

Is the application over the age of 18? ☐ Yes ☐ No *Please provide photo ID.*

Address: _____

Phone Number: _____ Email: _____

Size of property: _____

Location of property: _____

Type of firearm: _____

Explain the purpose for which firearm will be used within the City limits of Montrose.

_____

_____

_____

_____

I agree to use the proper and reasonable safety precautions when using the above listed firearm for the above-mentioned purposes within the City limits of Montrose, CO. I consent to a background check conducted by the Montrose Police Department.

_____

Signature of Applicant Date

Fee Collected $30.00: _____

Police Department Approval: _____

City Manager Approval: _____

Permit Issued: _____

_____

City Clerk Date