

OFFICE USE ONLY

License # \_\_\_\_\_

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

LICENSE SECTION



DEPARTMENT OF BUILDING AND ZONING SERVICES

DANGEROUS ORDNANCE APPLICATION

NEW RENEWAL

I, \_\_\_\_\_, hereby apply to the Director of BZS for a license to purchase, use, and/or keep Dangerous Ordnance in the City of Columbus and agree to and abide by all the rules and regulations of the City of Columbus and city ordinances governing Dangerous Ordnance, Chapter 2534.

APPLICANT INFORMATION

Full Name:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Race:

Sex:

Height:

Weight:

Hair:

Eyes:

Are you a fugitive from justice, under indictment for, or been convicted of any felony of violence involving moral turpitude, or addicted to or illegally using any narcotic drug, barbiturate, amphetamine, hallucinogen, or other dangerous adjudication of mental incompetence?

Yes No

If yes, list all criminal convictions:

BUSINESS INFORMATION

Business Name:

Business Address:

City:

State:

Zip:

Business Phone:

Business Email:

Name of Insurance Company:

Bond #:

Is this Business the Blaster/Possessor's current employer: Yes No

If no, name of current employer:

Address:

City:

State:

Zip:

Type and/or quantity of Dangerous ordnance to be purchased:		
<b>LOCATION OF WHERE DANGEROUS ORDNANCE IS TO BE USED</b>		
Address:		
City:	State:	Zip:
<b>STORAGE LOCATION OF DANGEROUS ORDNANCE</b>		
Address:		
City:	State:	Zip:
Are Meters Required?      Yes      No		
<p><b>Per regulations set in Columbus City Code 501.05(E), the License Section has the power to make rules regarding the "qualifications of the applicants and the conditions precedent the applicants must meet prior to the acquisition of licenses." Following this direction, all applicants <u>must be able to read, speak, and comprehend the English language</u> in order to obtain a valid license. By initialing on the line below, you agree that you are able to fulfill this requirement.</b></p> <p style="text-align: center;">_____ Initials</p>		
<p><b>All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial, revocation, or future revocation of the license under Columbus City Code Chapters 501 and 540, and may be referred for criminal prosecution under Ohio Revised Code Chapter 2921.13 (A-3).</b></p>		
<p><b>State of Ohio, County of Franklin</b></p> <p>_____, being duly sworn, deposes and says he or she is the  <small>(Print Applicant's Name)</small></p> <p><b>individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be license; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.</b></p> <p style="text-align: right;">_____  <small>(Applicant's Signature)</small></p> <p><b>Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.</b></p> <p style="text-align: center;">_____  <b>Notary or Agent of Director of Building and Zoning Services</b></p>		

<b>Office Use Only</b>	
Fire Inspection Name:	Date:
Approved      Denied      Reason:	