



STOREY COUNTY SHERIFF'S OFFICE

P.O. BOX 498
VIRGINIA CITY, NEVADA 89440
(775) 847-0959

GUNFIGHTER PERMIT

FEE: \$ 30.00 to Storey County Sheriff
\$ 45.00 to NHP-fingerprint process (Cashier Check or Money Order)

Processing the application may take up to 120 days; do to a change in NHP processing (6/7/2000). If you have a Valid/Current Concealed Firearms Permit (CCW) a temporary permit can be issued for 60 days, until application processing is complete (Please provide copy of CCW (6/23/00).

NEED: Fill out Application & Child Support Information
Take Two Photos'
Two Blue Applicant Fingerprint Cards -Must be Storey Co. Cards
(Have Applicant Sign Cards Only)
Copy of Valid Driver License or Photo ID

ISSUED: Expiration Date: 5 year from the date Sheriff signs card. The permit shall remain valid until the expiration date unless revoked by the Sheriff or his representative.

No permit will be issued until a background check is completed.

GUNFIGHTER PERMIT

Office Use Only: DATE:_____

Check one: Initial Application: _____ Renewal: _____ ID# _____

Fee Collected _____ Sheriff Fee : _____ NHP Fee: _____

Photo taken: ___ Fingerprints (2 Cards) ___ Permit(Card)-t ___

Delivery: Mail- _____ or Phone to pick-up - _____ Card NO _____



INFORMATION REGARDING THE APPLICANT

Last name _____

First name _____ Middle name _____

Any alias(s) used or former
name _____

Date of birth _____ Place of Birth _____

Citizenship _____ Social Security Number _____

Race _____ Sex _____ Height _____

Weight _____ Hair Color _____ Eye color _____

Home Phone Number _____

Driver's License number or Identification card number _____

Current resident
address _____

City _____ Zip _____

If different from resident address,
Mailing address

City _____ Zip _____

Applicant's Initials _____

Any previous addresses for the past 5 years

Address _____

City _____ From _____ To _____

Address

City _____ From _____ To _____

Address _____

City _____ From _____ To _____

Address _____

City _____ From _____ To _____



Occupation _____

Employer's name _____

Employer's address _____

City _____ State _____ ZIP _____

Employer's telephone number _____



Applicant's Initials _____

The following questions are to be answered either "yes" or "no":

Are there currently any outstanding warrants for your arrest? _____

Have you been judicially declared incompetent or insane? _____

During the 5 years immediately preceding the date of this application, have you been voluntarily or involuntarily committed to a mental health facility? _____

During the 5 years immediately preceding the date of this application, have you been convicted of driving under the influence of alcohol or a controlled substance? _____

During the 5 years immediately preceding the date of this application, has a court ordered you to enter a program for the treatment of alcohol or drug abuse? _____

During the 3 years immediately preceding the date of this application, have you been charged with or convicted of a crime involving the use or threatened use of force or violence? _____

Have you ever been convicted of a felony? _____

Have you ever been convicted of a crime involving domestic violence or stalking? _____

Are you currently subject to a restraining order, injunction or other order for protection against domestic violence? _____

Are you currently on parole or probation? _____

During the 5 years immediately preceding the date of this application, have you been subject to any requirements imposed by a court as a condition to the court's withholding the entry of judgment or suspension of a sentence for conviction of a felony? _____

If you answered "YES" to any of the above questions, attach to your application a written statement explaining in detail the circumstance of the incident.

I declare under penalty of perjury that the foregoing application is true and correct.

Signed this _____ day of _____, 20____.

CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of the three will result in denial of the application)

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more

children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number: _____

Applicant Signature : _____

Date: _____

JAMES G. MILLER, SHERIFF
STOREY COUNTY SHERIFFS OFFICE
PO BOX 498, VIRGINIA CITY, NEVADA 89440

TO WHOM IT MAY CONCERN:

The individual listed below is applying for a Storey County Gunfighter Permit and we are currently conducting a criminal background investigation.

WAIVER & AUTHORIZATION TO RELEASE INFORMATION

I, _____ authorize all persons or agencies to furnish the Storey County Sheriff's Office with any and all information concerning my criminal history.

You may release arrests, detention, field citations, field interview cards, officer's records, jail/custody booking records, traffic citations and traffic accident information, district attorney records, court records and reports, probation and parole reports and records, laboratory reports and results and other criminal justice records.

This authorization and request is given freely and without duress. The information furnished will be used by the Storey County Sheriff's Office in conjunction with the background investigation.

I hereby release Storey County, and any/all other Agencies from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar laws.

Print Name

D.O.B.

Signature

S.S.N.

Date

Witness' Signature

Note: A photocopy of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

GUNFIGHTER REGULATIONS
SHERIFF JAMES G. MILLER

You must have a valid gunfighter permit with you at all times, if wearing or carrying any firearm(s). The permit must be presented to a peace officer upon request.

Your weapon must be holstered at all times, unless directly participating in the scheduled event. At no time shall any firearm(s) be carried concealed.

The carrying of any type of live ammunition is strictly prohibited, under any circumstance. When wearing or carrying a firearm, the weapon shall remain empty of all ammunition unless you are directly participating in a scheduled gunfighter event.

Prior permission must be obtained from the Storey County Sheriff's Office and all property owners' involved in the area(s) where you plan to stage your event. The day before any event, call the Dispatch Center at (775) 847-0950, to inform the Duty Supervisor of the time and location.

Wearing you weapn(s) and consuming in any form drugs or alcoholic beverages is absolutely prohibited.

Anyone who violates the Nevada Revised Statutes governing firarms or any of the above conditions and regulations shall be subject to the revocation of his or her gunfighter permit and may also be subject to prosecution.

Sheriff James G. Miller

I, _____, have read the above regulations and agree to follow them. If any violation occurs, I understand that my permit will be revoked by any Sheriff's Office Employee.

Signed this ____ day of _____, 20____.

Applicant Signature

Sheriff Office -- Witness