



Application No.
(For Official Use Only)

HONG KONG POLICE FORCE
Firearms and Ammunition Ordinance (Chapter 238)
Application for Dealer's Licence

Before completing this form, please read the 'Information Notes'

This application is for (Please "✓" as appropriate)

- Dealer's Licence (restricted to a prescribed class or description of arms or ammunition or both)
- Dealer's Licence (restricted to used cartridge cases, used shot, used bullets, used missiles or parts of any of those articles)
- Dealer's Licence (in any other case)

Type of arms/ammunition to be dealt in (Please "✓" as appropriate)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Firearms | <input type="checkbox"/> Air gun | <input type="checkbox"/> others (please specify) |
| <input type="checkbox"/> Spear gun | <input type="checkbox"/> Crossbow | _____ |
| <input type="checkbox"/> Ammunition | <input type="checkbox"/> Scrap cartridge case | _____ |

Part I : Personal Particulars

Please provide two recent full face photographs (4cm× 5cm)

Name in full : _____
(English) (Chinese)

Type of Identity Document and No./HKID Card No. : _____

Chinese Commercial Code : _____ / _____ / _____ Nationality : _____

Date of Birth : _____ Male Female

Place of Birth: _____ Occupation _____

Residential Address : _____

Office Address : _____

Tel. No. : _____ (Office) _____ (Home) _____ (Mobile) Fax No. : _____

For applicant not currently holding a valid licence/exemption issued under the Firearms & Ammunition Ordinance (Cap. 238)

Have you ever applied for a licence/exemption under the Firearms & Ammunition Ordinance (Cap. 238)?

No

Yes Please state the date of previous application : _____

Was the application successful ?

No The reasons of unsuccessful application _____

Yes Previous licence/exemption number/date of issue and arms details : _____

Reasons of cancellation/revocation/non-renewal : _____

For applicant currently holding a valid licence/exemption issued under the Firearms & Ammunition Ordinance (Cap. 238)

Details of your current licence(s)/exemption issued under the Firearms & Ammunition Ordinance (Cap. 238)

For applicant having experience in operating the type of business under application

Details of relevant experience in dealing in arms and ammunition

Records of illness and criminal conviction

Have you ever attempted to commit suicide, or suffered from any illness, including mental disorder, which may affect your capability in controlling the arms?

- No Yes (please provide details)

Have you ever been convicted of a criminal offence in Hong Kong or elsewhere?

- No Yes (please give full details at below, use plain paper if insufficient space)

<u>Date of conviction</u>	<u>Offence</u>	<u>Sentence</u>	<u>Venue of trial (including country)</u>

Part II : Business Details

Name of the proposed Company	
English	
Chinese	

Type of company (Please “✓” as appropriate)

- Sole proprietor Partnership
 Corporation Others (Please specify)

If the proposed company is a sole proprietor, you are required to state

(a) The date the company was formed		
(b) Details of the sole proprietor:		
Name (in English and in Chinese)		
Identity Card No.		
Date of Birth		

If the proposed company is a partnership, you are required to state

(a) The date the partnership was formed		
(b) Details of partners:		
Name (in English and in Chinese)		
Identity Card No.		
Date of Birth		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

If the proposed company is a corporation you are required to state

(a) Registered office		
(b) Date and place of incorporation		
(c) Details of directors:		
Name (in English and in Chinese)		
Identity Card No.		
Date of Birth		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

(d) Details of shareholders:

	Name (in English and in Chinese)	Identity Card/ Business Registration Certificate No.	Date of Birth
(1)			
(2)			
(3)			
(4)			

Details of Premises

Address of the proposed arms dealer

Type of premises

shop

godown

others (please specify) _____

You are the owner the tenant a sub-tenant others _____

Details of Armoury and storage of arms and ammunition

State the addresses of all premises to store arms and ammunition (If arms and ammunition is/are stored at an armoury owned by your company, please provide a sketch. If arms and ammunition is/are stored at an approved armoury owned by other arms dealer, please provide an agreement/documentary proof between your company and the approved armoury.)

Type of premises

shop

godown

others (please specify) _____

You are the owner the tenant a sub-tenant others _____

The proposed maximum quantity of arms and ammunition to be stored in each armoury

Details of Arms/Ammunition

State the categories of arms and/or ammunition you intend to deal in (including the brand name, description, etc.... Please supply the relevant catalogues, if any)

State the name(s) of the foreign arms supplier(s) from whom you are assigned as a local agent. Please provide a copy of agreement/documentary proof, if any

Details of local customers

State who will be your target customers (e.g. Government, arms dealers or holders of licence for possession)

- purchasing selling hiring storage
- maintenance and repair others _____

Part III : Authorization and Declaration of the Applicant

I DECLARE that the information and particulars submitted by me in support of this application are, to the best of my knowledge and belief, true, correct and complete. I understand that section 47 of the Firearms and Ammunition Ordinance, (Cap. 238) states that any person who makes any statement which he knows to be false or misleading, or recklessly makes any statement which is false, in a material particular for the purpose of procuring, whether for himself or another, the grant, renewal or amendment of a licence, or the grant of an exemption commits an offence and is liable to imprisonment for 2 years.

I hereby authorize the Commissioner of Police, or his representative, to release full particulars of any and all criminal convictions recorded against me to Police Licensing Office, and to obtain information and/or to inquire into any and all my personal data (including my medical reports, etc) from any third party for the purpose of investigation into and/or enforcing any matters relating to my application/licence/exemption.

I also agree that the personal data provided by means of this form will be used by the Commissioner of Police for processing applications/updating record/ conducting all kinds of present and subsequent investigations/enforcing licensing conditions in connection with licences/exemption under the Firearms and Ammunition Ordinance (Cap. 238).

Applicant's Signature

Date
