



12 S. Center St.  
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# FIREARM DEALER LICENSE APPLICATION

Must Accompany Business License Application

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

**Applicant's Residence Address:**

Street: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Business Information:**

Name / DBA: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Federal Firearms License # \_\_\_\_\_  
Type of License: \_\_\_\_\_  
Estimated Annual Number of Sales / Transactions: \_\_\_\_\_

Please return your completed application to the  
Department of Community & Economic Development

<b>FOR OFFICE USE ONLY</b>	
Date Issued: ___/___/___	License Number: _____

