



**WESTCHESTER COUNTY POLICE  
PISTOL LICENSE UNIT**

**ATTACHMENT: PREMISE BUSINESS**

<b>OFFICE USE ONLY</b>	
CASE#:	_____
PERMIT#:	_____
DET:	_____

**Please refer to the Pistol Safety and Information Handbook for Westchester County when completing this form.**

**APPLICANT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Employed (From): \_\_\_\_\_ To: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Business Owner/ Name: \_\_\_\_\_ Title: \_\_\_\_\_

**List any factors that support your application for a premise business firearm license:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT NAME (PRINT)

\_\_\_\_\_  
APPLICANT NAME (SIGNATURE)

STATE OF NEW YORK )  
COUNTY OF WESTCHESTER )

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC