



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
DEPARTMENT OF PUBLIC SAFETY  
GENERAL SUPPORT BUREAU  
RECORDS AND FIREARMS SECTION

**APPLICATION FOR SHOOTING GALLERY/RANGE LICENSE**

SAIPAN

NEW

DATE

TINIAN

RENEWAL

LICENSE #

ROTA

RECEIPT #

1. Applicant's Full Name:

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2. Applicant's residence, phone number and mailing address:

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3. Applicant's citizenship (attached proof of U.S. citizenship or CNMI permanent status, if required):

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4. Name of Business, Location, Phone No., and address:

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5. Form of Business: (Check One)

\_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Association  
\_\_\_\_\_ Corporation

\_\_\_\_\_ Non-Profit Organization  
\_\_\_\_\_ Partnership

6. Have you paid the \$5,000.00 annual fee ? \_\_\_\_\_ Yes \_\_\_\_\_ No (If Yes, attach receipt of payment from Department of Finance, Treasury Office)

7. Have you obtained a Liability Insurance Policy in an amount of a least \$300,000.00 to cover the acts and omissions of yourself, employees agents, patrons and the Commonwealth Government ? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If Yes, attach a copy of your policy)

8. Attach copy of Company Charter and By Laws.

9. Attach copy of Business License (Renewal Only).

10. Attach list of all employees (Full Name, Gender, Citizenship, D/PLOB).

11. Do all your operator and employees meet the requirements of 6 CMC, Division 2, Paragraph 2255 (e)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, attach proof of training)
12. Who is your Range Master on the firing line at all times when the shooting gallery/range is in operation, and does he/she meet the requirements of 6 CMC, Division 2, paragraph 2255 (f)? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
(If yes, attach proof of training)

13. Compliance of shooting gallery/range:

(a) If the operation is an indoor shooting gallery, does all comply with the Model Code for Gallery Shooting Ranges? \_\_\_\_\_ Yes \_\_\_\_\_ No

(b) If the operation is an outdoor shooting range, does it comply with the minimum standards of the National Rifle Association? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, attach diagram, cinstruction description, specs, etc.)

\_\_\_\_\_  
WARNING:

APPLICANT AGREEMENT AND DECLARATION ---

I agree that I receive a license to operate a Shooting Gallery/ Range that I shall defend all suits against the Commonwealth Government at my own expense and shall in damnify the Commonwealth Government for all loss it sustains as a result of the operation or conduct of the Shooting Gallery/Range.

Under the law, the will full failure to disclose any material information required by this application or any false statement as to any material act required by this application shall be grounds for denial, suspensions or revocation of your shooting Gallery Range License as stated under the provisions of 6 CMC, Division 2, paragraph 2255 (g).

I declare under the penalty of prejry that the foregoing is true and correct and that this declaration was executed on (Date) \_\_\_\_\_ at (Islands) \_\_\_\_\_ Commonwealth of the Northern Mariana Islands.

\_\_\_\_\_  
Applicant's Signature

**FOR OFFICIAL USE ONLY**

This application is hereby: [ ] Approved  
[ ] Disapproved

This permit Expires on \_\_\_\_\_, 20\_\_\_\_.

Reason (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED \_\_\_\_\_

\_\_\_\_\_  
Commissioner of Public Safety or Designee