Inspections@worcesterma.gov



SHOOTING GALLERY LICENSE APPLICATION

(TO BE FILLED OUT BY MANAGER AND OWNER OF BUSINESS)

Name	
Email:	
Social Security #:	Driver's License #:
Date of Birth:	
Are You a United States Citizen?	Yes or No
Where Were You Born? (List City, State, Country)	
Do You Have Any Criminal Record, (Massachusetts, Military, Any Other State or Federal Court); Any Other Arrest or Appearance In Criminal Court Charged With Criminal Offense Regardless Of Final Disposition? * Yes or No	
If Yes, Please Describe Offense(S) Specific Charge and Disposition (Fine, Penalty, Etc.):	
Home Address:	
Time At This Address:	
Previous Address:	
Time At This Address:	
Home Phone:	Business Phone:
Father's Name:	
Mother's Maiden Name:	
Schooling:	
Have You Ever Been in The Military?	Yes or No
Honorable Discharge?	Yes or No
What is the Name of The Business?	
What is the Address of The Business?	
What will be the Hours of Operation?	

I understand the Worcester Police Department will conduct a criminal record check on anyone with a direct/indirect interest in the business. The information above is correct to the best of my knowledge.