

Firearms Application Permit

penticton.ca

Name of Applicant:	DOB
Address:	
Phone Number:	
Identification: Type:	(i.e BCDL#, Exp Date)
E-mail:	
Type of Firearm:	
Reason for Permit:	
Period or date for which permit is required: Sta	rt: Year/Month/Date Finish: Year/Month/Date/
Applicant Vehicle Description: Make/Model:	License Plate:
Location/Address Firearm will be discharged: _	
Owner of location/address: (If applicant is not owner, letter of signed appro	oval/permission from owner (Y) (N)
Zone: 🗆 Agricultural 🗆	Park 🛛 Golf Course
In consideration of being issued the above permit, the undersigned hereby agrees to ensure maximum protection to any participant in an event or occasion where firearms may be or will be discharged. The undersigned further covenants and agrees to indemnify and save the City of Penticton harmless from any loss, dangers, claims, damages or costs in connection with any alleged damages or injuries directly or indirectly resulting from the discharge of the firearm or archery equipment.	
Firearms / Archery projectiles are not to be aimed off the property or leave the property. Violation will result in immediate cancellation of permit and involvement of RCMP.	
APPLICANT SIGNATURE: X	DATE:
CITY OF PENTICTON APPROVAL:	DATE:
Development Services, Bylaw Services Departm	ent, 171 Main Street, Penticton, BC. Ph. 250-490-2440

R.C.M.P. NOTIFICATION: _____ DATE: _____

PERMIT HOLDER IS REQUIRED TO PROVIDE THIS COMPLETED APPLICATION TO CITY OF PENTICTON AND IS RESPONSIBLE IN ENSURING COMPLIANCE WITH THE FIREARM ACT AND CITY OF PENTICTON BOW AND ARROW AND FIREARMS REGULATION BYLAW NO. 2015-37

http://www.penticton.ca/assets/City~Hall/Bylaws/Community~Standards/Bylaw%201988-76-Firearms%20Regulations.pdf

For further information: Conservation Officer Service District Office (Penticton) - 1-877-952-7277 Permit requests: call FrontCounter BC toll free at: 1-877-855-3222