



# Waxhaw Police Department

**Dexter D. Wilson**  
Chief of Police

3620 Providence Road South  
Waxhaw, NC 28173  
Phone: (704) 843-0353  
Fax: (704) 243-2144

## Firearm Activity Application

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Safety precautions which will be used when discharging firearms:

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

Caliber/Guage of firearm(s): \_\_\_\_\_

Parcel Tract Location: \_\_\_\_\_

Total Acres: \_\_\_\_\_

### Acknowledgement

I certify that all information contained herein and submitted with this application is true and correct. I further acknowledge that the Chief of Police has the authority to prevent any firearm activity for unsafe and non-compliant practices. If the applicant is a minor under the age of 18, the parent/guardian should sign the applicant line below. Furthermore, I understand that I may only use a shotgun or muzzleloader pursuant to the Town of Waxhaw code of ordinances 46-4.

\_\_\_\_\_  
Applicant / Print Name

\_\_\_\_\_  
Applicant / Signature

\_\_\_\_\_  
Chief of Police / Print Name

\_\_\_\_\_  
Chief of Police / Signature

\_\_\_\_\_  
Date