CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036

Firearms, Weapons, or Munitions Dealer License Application

1. Application for above license must be made to the City Clerk prior to commencing sale and/or trading of weapons. Said license shall be issued for a period of one (1) year, expiring on April 30 of each year. License fee shall be paid at time of application.

2. The City Clerk or Mayor shall request a background check of the applicant, to be performed by the Galena Police Department, before issuing Firearms License.

3. Said applicant must agree to abide by all other State and Federal firearms and/or weapons regulations, and failure to abide by said regulations shall be considered a violation of Chapter 110 of the Code of Ordinances of the City of Galena.

4. A license shall not be issued for a property in any residential zoning district or for any property occupied as a residence. Those businesses in existence at the time of adoption of Ordinance O.24.14, passed and approved November 12, 2024, shall be exempt from this restriction per the provisions set forth in the Galena City Code of Ordinances, Chapter 154.106, Non-Conforming Use Regulations.

5. The city may deny said license based upon grounds of failure to pay taxes, failure to cooperate with authorities, failure to acquire a license before commencing sales, failure to abide by all other regulations pertaining to said license, or other just cause.

6. Said license fee shall be set at Fifty Dollars ($50.00) per year.

7. Said license shall be reviewed and approved by the Mayor and City Council at a city council meeting.

8. License must be conspicuously posted. Said license shall be posted in a conspicuous location within the premises of the dealer's business, near the point of business transactions.

Business Information:

Business Name: _____

Business Address: _____

Owner/Manager Information (Required):

Name: _____ Date of Birth: _____
(First, Middle, Last)

Address: _____ Phone #: _____
(City, State and Zip Code)

IL ID/DL Card #: _____ Firearms Owner's ID Number: _____

Please provide a copy of your Illinois Firearm Dealer License Certification.

I state that the facts set forth in the above application are true and correct.

_____
Applicant's Signature **Date**

_____

Police Chief's Signature **Date**