



LAKE COUNTY SHERIFF'S OFFICE

DONALD R. BELL
SHERIFF / CORONER

BEN WOODS
UNDERSHERIFF

106 Fourth Avenue East, Polson, Montana 59860 Phone: 406-883-7301 Fax: 406-883-7305

IF YOU ANSWERED YES TO ANY OF THESE PLEASE COMPLETE THE FOLLOWING:

(Exception: minor traffic violations: attach additional sheet if necessary)

	Charges	Date	City	State
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

IN BRIEF DETAIL, PLEASE EXPLAIN YOUR REASON FOR REQUESTING THIS PERMIT:

(Attach an additional sheet if necessary)

MEDICAL MARIJUANA CARD HOLDER ADVISORY:

According to 18 U.S.C. 922(g)(3), the use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medical or recreational purposes in the state where you reside.

I have read and understand the Medical Marijuana card holder advisory. (Initials required) _____

I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and believe and if given with the full knowledge that any misstatement may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I authorize any person having information concerning me that relates to the information requested by this application and the requirements for a concealed weapon permit, either public record or otherwise, to furnish it to the Sheriff to whom this application is made.

I understand that federal and state laws on possession of firearms and other weapons differ, and a person who violates federal or other states laws may be prosecuted in another state or jurisdiction, and this permit will not be a defense.

If any circumstances arise that requires the Sheriff to revoke the permit, I will surrender the concealed weapons permit to any Peace Officer after notification by the Sheriff.

THIS MUST BE SIGNED IN FRONT OF THE SHERIFF OR A DESIGNEE!

I have read and understand all of the above:

Applicant Signature: _____ Date: _____