

FIREARMS SAFE STORAGE AND SECURITY MEASURES PLAN

RETAIL SALES



Applicants should complete the information below and submit to the Littleton Police Department for review. The form may be emailed to: lpdkkf@littletongov.org or mailed to:

Littleton Police Department
2255 W. Berry Ave.
Littleton, CO 80120

Date of form completion: _____

Printed name of person completing form: _____

Signature: _____

Business name: _____

Address: _____

Phone: _____

Hours of Operation: _____

CONTACT INFORMATION

All licensees shall provide at least two (2) authorized individuals who can respond within thirty (30) minutes to an alarm notification.

Owner name: _____

Owner cell phone: _____

Owner e-mail: _____

Manager name: _____

Manager cell phone: _____

Primary contact person name: _____

Primary contact person cell phone: _____

Primary contact person home address: _____

Secondary contact person name: _____

Secondary contact person cell phone: _____

Secondary contact person home address: _____

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ALARM SYSTEM INFORMATION

All firearms retailers are required to have an operating security alarm system in place with video recording at all points of entry (doors, loading docks, garage doors), and at all points where firearms are displayed, stored, or sold. All initial calls upon an alarm triggering shall be first routed to the Littleton Police Department (303-794-1551 or 911).

Alarm company: _____

Alarm company phone: _____

_____ (initials) I affirm the alarm system video records all points of entry into the business as well as all points where firearms are displayed, stored, or sold.

_____ (initials) I affirm the Littleton Police Department has been designated with the listed alarm company as the primary contact for any alarm activation at the business.

STORAGE OF FIREARMS

During non-business hours, all firearms located in the retailer's place of business shall be stored in a locked safe, locked steel gun cabinet, or secure safe room.

Describe storage methods utilized for firearms during non-business hours. Include any enhanced security measures in place to secure the area where firearms are stored during non-business hours:

LITTLETON POLICE DEPARTMENT REVIEW

TO BE COMPLETED BY POLICE DEPARTMENT STAFF ↓

Written plan:

Review date of completed Safe Storage and Security Measures Plan: _____

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Name and badge # of reviewer: _____

Comments:

On-site inspection:

Date of on-site inspection: _____ Time: _____

Name and badge # of officer(s): _____

Name of business representative(s) present: _____

Comments:

Approved

Not Approved

Date: _____

Signature: _____ Badge: _____

Printed name: _____ Rank: _____

Comments: