



Date Received (office use):

|  |  |
|--|--|
|  |  |
|--|--|

P.O. Box 168, Breckenridge, Colorado 80424

Filing Fee: \$50.00  
Late application: \$100

## Shooting Gallery, Gun Club and Rifle Range Permit Application

This permit application is designed to provide an avenue to an exception of criminal liability of Breckenridge Town Code 6-3E-1 – Discharge of firearms, deadly weapons and destructive devices prohibited. This permit application process is identified in Breckenridge Town Code 6-3E-2. Incomplete applications will not be accepted.

Address of proposed location: \_\_\_\_\_

Land use zone for location: \_\_\_\_\_

Business Description (include a description of the purpose, scope and activities planned at the location):

### 1. Applicant Information

Name of Applicant: \_\_\_\_\_

Organization / Business Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### 2. Local Contacts (must be available during business operation, but responsibility can be shared):

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**3. Proposed Shooting Gallery Information** (please attach site diagram of location request that includes pedestrian flow, emergency access, protective infrastructure, distances, signs and banner placement, parking areas and activity areas. Please include hours of operation, total square footage as well as sf of the specific activity location within the address)

More Information (if applicable): \_\_\_\_\_

**4. Participant Information** (please describe any age limits on participants as well as how you will determine the sobriety, physical and mental ability of participants to safely use the gallery/range)

More Information (if applicable): \_\_\_\_\_

**5. Training of staff** (please describe training and certifications of those staff members supervising the activity. Please include medical training as well)

More Information (if applicable): \_\_\_\_\_

**6. Safety Plan/Protocols** (please fully describe what steps will be taken to ensure the safety of participants, staff and others on site, this should include preventative steps as well as plans should a safety incident or injury occur. What training will participants receive prior to gallery use?)

More Information (if applicable): \_\_\_\_\_

**7. Additional Information** (please list any additional information you would like considered with this application)

- ◆ This application should be submitted at least 90 days prior to the proposed activity to the Town Managers Office of the Town of Breckenridge located at 150 Ski Hill Rd, Breckenridge, CO 80424, 970-547-3166, [peytonr@townofbreckenridge.com](mailto:peytonr@townofbreckenridge.com).
- ◆ Additional information, conditions, and/or fees may be required based on review of this application.

**Incomplete applications cannot be accepted or reviewed.**

Applicant Signature: \_\_\_\_\_  
*Typed Signature valid for emailed permits.*

Date: \_\_\_\_\_

**This application is  - Approved       - Denied**

Printed Name of Town Manager or Designee Issuing Approval/Denial:

\_\_\_\_\_

\_\_\_\_\_  
Town of Breckenridge Authorization Signature

\_\_\_\_\_  
Date