

# 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: [scarlson@littletongov.org](mailto:scarlson@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: \_\_\_\_\_

**FIREARMS SAFE STORAGE AND SECURITY MEASURES PLAN**  
**RETAIL SALES**



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:

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**Approved**

**Not Approved**

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

Signature: \_\_\_\_\_ Badge: \_\_\_\_\_

Printed name: \_\_\_\_\_ Rank: \_\_\_\_\_

Comments: