

ILLINOIS STATE POLICE **Gun Show Recognition Application Form**

Business/Organization Name Sponsori	ng Event			
Contact Person				
Business/Organization Street Address				
City		State	Zip Code	
Telephone Number	Em	ail		
Location of Intended Show	on of Intended Show		Date of Intended Show	
Hours of Operation				
Security Provided by				
Name of Local Law Enforcement Agency Contacted		Contact Date		
Will Weapons be Offered for Sale	Yes	☐ No)	
FTIP Capabilities?	Yes	☐ No		
Insurance Provided by				

(Please submit to the address below 30 days prior to date of Gun Show)

Illinois State Police Firearms Services Bureau 801 South 7th Street, Suite 400-M Springfield, Illinois 62703-2487