



# CITY OF BRAINERD HUNTING / FIREARM PERMIT APPLICATION



**\*\*\*\* ALLOW A MINIMUM OF 2 WEEKS FOR PROCESSING \*\*\*\***

DATE: \_\_\_\_\_

ICR NUMBER: \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_  
First
Middle
Last

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**TYPE OF PERMIT:**

- Bow hunting during the approved DNR bow hunting season.
- Discharge of firearms for the purpose of hunting or target shooting pursuant to Brainerd City Code.

**IF THE PERMIT IS FOR DISCHARGE OF FIREARMS, LIST THE TYPE(S) OF ALL FIREARM(S):**

**FOR THE FOLLOWING LOCATION(S):** *Parcel ID numbers must be included for all locations listed (The Crow Wing County GIS map system can be utilized to locate the Parcel ID numbers.).*

I hereby certify that I understand and will comply with all rules and regulations pertaining to bow hunting during the approved DNR bow hunting season and/or pertaining to the discharge of firearms for the purpose of hunting or target shooting pursuant to Brainerd City Code.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Office Use Only:**

- Denied      If denied, reason for denial:
- Approved

\_\_\_\_\_  
By

\_\_\_\_\_  
Date