

2020 Special Tax Stamp

Name and Principal Business Address

TOWN GUN SHOP INC
PO BOX 417
COLLINSVILLE, VA 24078

Tax Statement
(Annual Tax Rate) 1000.00
Initial Tax . . . \$ 1000.00
Additions . . . \$.00
Total Tax PAID \$ 1000.00

**TAX
2020
YEAR**

**THIS IS NOT A BILL.
DO NOT PAY THE AMOUNT NOTED.**

Actual Physical Business Address (See Number 2 below)

TOWN GUN SHOP INC
TOWN POLICE SUPPLY
3985 VIRGINIA AVE
COLLINSVILLE, VA 24078-0417

0001

Type of Operation Conducted
(63) NFA FIREARMS DEALER

Number of Locations

1 OF 2

This is a receipt of payment of Special (Occupational) Tax (SOT) under the National Firearms Act. (27 CFR 479.36)

If You Have Any Questions, Refer To The Information Below

Date of This Receipt

JUNE 21, 2019

Dates of Special Tax Period

07/01/2019 TO 06/30/2020

Employer Identification Number

54-1273247

Control Number

2019162-N02-047

If you have any questions, you may contact the Bureau of Alcohol, Tobacco, Firearms and Explosives as follows:

U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

**Federal Firearms License
(18 U.S.C. Chapter 44)**

RECEIVED BY THE BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES

In accordance with the provisions of Title I, Gun Control Act of 1968, and the regulations issued thereunder (27 CFR Part 478), you are licensed to engage in the business specified in this license, within the limitations of Chapter 44, Title 18, United States Code, and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 478.51.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF ATF - Chief, FFLC
Correspondence To 244 Needy Road
Martinsburg, WV 25405-9431

License
Number

1-54-089-01-0H-20042

Chief, Federal Firearms Licensing Center (FFLC)

Expiration
Date

August 1, 2020

Name
TOWN POLICE SUPPLY

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)

3985 VIRGINIA AVE
COLLINSVILLE, VA 24078-0000

Type of License

01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES

Purchasing Certification Statement

The licensee named above shall use a copy of this license to assist a transferor of firearms to verify the identity and the licensed status of the licensee as provided by 27 CFR Part 478. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Firearms Licensee (FFL) or a responsible person of the FFL. I certify that this is a true copy of a license issued to the licensee named above to engage in the business specified above under "Type of License."

Mailing Address (Changes? Notify the FFLC of any changes.)

TOWN GUN SHOP INC
TOWN POLICE SUPPLY
PO BOX 417
COLLINSVILLE, VA 24078-0000

Licensee/Responsible Person Signature

Position/Title

Printed Name

Date