

The Shooter's Roost
On-line Dealer Program Application

Name (gunsmith and/or gun shop): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Name: _____

Years in business: _____

Type of work or sales offered at your establishment:

Business hours: _____

Volume of finishing/refinishing work you anticipate over next year: _____

Mail your application and a signed copy of your FFL and a copy of your Sales & use tax license (if applicable) to:

The Shooter's Roost
2761 Baileys Crossroads Rd
Benson, NC 27504

Upon receipt and approval of your application, you will be sent an email with your username and password.