From the desk of Suzanne D. Makoge

Administrative Assistant

Telephone: 207-937-5805 Fax #: 207-937-5899 e-mail: sdmakoge@oobmaine.com

To The Resident Applicant:

Please note that if you are a new full time resident of Old Orchard Beach you need to have been living in Old Orchard Beach for at least 3 months and must have your vehicles registered in Maine before applying.

If you are a part time resident (living here and in another state), you will have to apply through the Maine State Police for a permit. You can visit www.maine.gov and search for non-resident concealed permit.

Please review the copy of the booklet "Laws Relating to permits to Carry Concealed Handguns". Please complete and return the entire package with the following items:

1. Application for Concealed to Carry Handgun, be sure to complete forms and initial every page.
2. Copy of your DD214 if you were in the military. If you were not in the military, you will need a Gun Safety Certificate showing that you took a gun safety course.
3. Copy of Birth Certificate or Copy of Passport.
4. Copy of Vehicle Registration.
5. Copy of Maine Driver's license.
6. Two passport size photos, no hat or sunglasses to be worn.
7. Fingerprints will be done when you return your completed application and from that point it will take approximately 60 days to process your application.

The fee for a new permit is $35.00 – Please make your check payable to: Town of Old Orchard Beach.

Renewal Applications (every 4 years) (for previous permits issued by this department)

1. Complete application and provide:
2. Copy of Vehicle Registration.
3. Copy of Maine Driver's license.
4. Two passport size photos, no hat or sunglasses to be worn.

Renewal fee is $20.00 – Make check payable to Town of Old Orchard Beach

If your permit expired over 6 months you will be considered a new applicant and the process will start from scratch. You will have to provide everything as is #1.

If you have a permit from another state and need to renew it – you are considered a new applicant as we do not have reciprocity with other states.

If you were issued a permit in another Town in Maine and need to renew your permit, you will need to contact the police department that issued that permit and request that a copy of your original application be sent to me by Fax to my attention to: Attention Suzanne Makoge 207-937-5899 or you can have them mail a copy to me : Suzanne Makoge, Old Orchard Beach Police Department, 16 E Emerson Cummings Blvd., Old Orchard Beach, Maine 04064. If you do not provide me a copy then you will have to be considered a new applicant. (see step #1)

If you moved from another community, you must notify this department of the move within 30 days.

If you fail to notify this department, your permit will be invalid and you will be considered a New applicant.

Change of address, Duplicate permit or change of name – The fee is $2.00 for each one.

If you have any questions or concerns you can reach me at 207-937-5805 M-F 8 am-4 pm.

Suzanne D. Makoge

Gun safety Course:

Cabelas, Scarborough

Weaponcraft

MAKE CHECK PAYABLE TO: TOWN OF OLD ORCHARD BEACH

STATE OF MAINE
APPLICATION FOR PERMIT TO
CARRY CONCEALED HANDGUN
(Resident)
☐NEW ($35.00) ☐RENEWAL ($20.00)
☐CHANGE OF ADDRESS ($2.00)

FOR OFFICE USE ONLY

CHECK # $35.00 _____ $20.00

LICENSE # $2.00

____ISSUE ____DENIED DATE:_____

EXPIRATION DATE (IF ISSUED)_____

KNOWLEDGE OF HANDGUN SAFETY:

FULL NAME (First, Middle, Last) PHONE #:

SS#:

PREVIOUS LEGAL NAMES, IF ANY (List month and year each name was given/assumed)

ALIASES, IF ANY (List year(s) used)

BIRTHDATE	BIRTHPLACE	CITIZEN (Y/N)	EYE COLOR	COLOR OF HAIR	HT	WT	SEX	RACE

MAILING ADDRESS (If different than legal residence) CITY OR TOWN STATE ZIP CODE

FULL CURRENT RESIDENCE ADDRESS CITY OR TOWN STATE ZIP CODE
(Street or Road Name, not P.O. Box)

LIST OF ALL ADDRESSES AT WHICH YOU HAVE LIVED AT ANY TIME DURING THE PAST FIVE (5) YEARS
(Street or Road, City/Town, State, Zip, Dates of residence)

LIST OF PREVIOUSLY ISSUED PERMITS TO CARRY CONCEALED HANDGUNS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR ANY OTHER JURISDICTION. For each permit previously issued, please identify the issuing authority (e.g. Massachusetts State Police; Portland P.D.; Town of Shapleigh, Selectmen) and the date the permit was issued.

LIST OF PREVIOUS REFUSALS TO ISSUE PERMIT TO CARRY CONCEALED HANDGUNS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. For each refusal of a permit, please identify the agency that refused to issue the permit, and the date of refusal.

LIST OF PREVIOUS REVOCATIONS OR SUSPENSIONS OF HANDGUNS PERMITS OR PERMITS TO CARRY CONCEALED HANDGUNS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. For each revocation, please identify the agency or authority that revoked the permit and the date it was revoked or suspended.

PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USED

CIRCLE APPROPRIATE ANSWER AFTER EACH QUESTION.

a. Are you less than 18 years of age?---------- YES NO

b. Is there a formal charging instrument now pending against you in this state for a crime under the laws of this state that is punishable by imprisonment for a term of year or more?---------- YES NO

c. Is there a formal charging instrument now pending against you in any federal court for a crime under the laws of the United States that is punishable by imprisonment for a term exceeding one year? ---------- YES NO

d. Is there a formal charging instrument now pending against you in another state for a crime that, under the laws of the that state, is punishable by imprisonment for a term exceeding one year?---------- YES NO

e. If your answer to question (d) is "yes", is that charged crime classified under the laws of that state as a misdemeanor punishable by a term of imprisonment of 2 years or less? ---------- YES NO

f. Is there a formal charging instrument pending against you in another state for a crime punishable in that state by a term of imprisonment of 2 years or less and classified by that state as a misdemeanor, but that is substantially similar to a crime that under the laws of this State is punishable by imprisonment for a term of one year or more? ---------- YES NO

g. Is there a formal charging instrument now pending against you under the laws of the United States, this State or any other state or the Passamaquoddy Tribe or Penobscot Nation in a proceeding in which the prosecuting authority has pleaded that you committed the crime with the use of a Handgun against a person or with the use of a dangerous weapon as defined in Title 17-A, M.R.S.A. § 2 (9) (A)? ---------- YES NO

h. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described in question (b), (c), (d) or (f) and involves bodily injury or threatened bodily injury against another person? ---------- YES NO

i. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described in question (g)? ---------- YES NO

j. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described in question (b), (c), (d) or (f), but does not involve bodily injury or threatened bodily injury against another person? ---------- YES NO

k. Have you ever been convicted of committing or found not criminally responsible by reason of insanity or mental disease or defect of committing a crime described in question (b), (c), (f) or (g)? ---------- YES NO

l. Have you ever been convicted of committing or found not criminally responsible by reason of insanity or mental disease or defect of committing a crime described in question (d)? ---------- YES NO

m. If your answer to question (l) is "yes," was that crime classified under the laws of that state as a misdemeanor punishable by a term of imprisonment of 2 years or less? ---------- YES NO

n. Have you ever been adjudicated as having committed a juvenile offense described in question (h) or (i)? ---------- YES NO

o. Have you ever been adjudicated as having committed a juvenile offense described in question (j)? ---------- YES NO

p. Are you currently subject to an order of a Maine court or an order of a court of the United States or another state, territory, commonwealth or tribe that restrains you from harassing, stalking or threatening your intimate partner, as defined in 18 United States Code, Section 921(a), or a child of your intimate partner, or from engaging in other conduct that would place your intimate partner in reasonable fear of bodily injury to that intimate partner or the child?---------- YES NO

q. Are you a fugitive from justice?---------- YES NO

r. Are you a drug abuser, drug addict or drug dependent person?---------- YES NO

s. Do you have a mental disorder that causes you to be potentially dangerous to yourself or others?---------- YES NO

t. Have you been adjudicated to be an incapacitated person pursuant to Title 18-A, Article V, Parts 3 and 4, and not had that designation removed by an order under Title 18-A, M.R.S.A. § 5-307 (b)? [Termination of incapacity, Probate Code; protection of persons under disability and their property] ---------- YES NO

u. Have you been dishonorably discharged from the military forces within the past 5 years?---------- YES NO

v. Are you an illegal alien?---------- YES NO

w. Have you been convicted in a Maine court of a violation of Title 17-A, M.R.S.A. § 1057 [possession of a Handgun in an establishment licensed for on-premises consumption of liquor] within the past five (5) years?---------- YES NO

x. Have you been adjudicated in a Maine court within the past five (5) years as having committed a juvenile offense involving conduct that, if committed by an adult, would be a violation of Title 17-A, M.R.S.A. § 1057 [criminal possession of a Handgun in an establishment licensed for on-premises consumption of liquor]?---------- YES NO

y. To your knowledge, have you been the subject of an investigation by any law enforcement agency within the past 5 years regarding the alleged abuse by you of family or household members?---------- YES NO

z. Have you been convicted in any jurisdiction within the past 5 years of 3 or more crimes punishable by a term of imprisonment of less than one year or of crimes classified under the laws of a state as a misdemeanor and punishable by a term of imprisonment of 2 years or less? ---------- YES NO

aa. Have you been adjudicated in any jurisdiction within the past 5 years to have committed 3 or more juvenile offenses described in question (o)? ---------- YES NO

bb. To your knowledge, have you engaged within the past 5 years in reckless or negligent conduct [as defined at 25 M.R.S.A. § 2002(11)] that has been the subject of an investigation by a governmental entity?---------- YES NO

cc. Have you been convicted in a Maine court within the past 5 years of any Title 17-A, chapter 45 drug crime?---------- YES NO

dd. Have you been adjudicated in a Maine court within the past 5 years as having committed a juvenile offense involving conduct that, if committed by an adult, would have been a violation of Title 17-A, chapter 45? [Drugs offenses] ---------- YES NO

ee. Have you been adjudged in a Maine court to have committed the civil violation of possession of a useable amount of marijuana, butyl nitrite or isobutyl nitrite in violation of Title 22 M.R.S.A. § 2383 within the past 5 years?---------- YES NO

ff. Have you been adjudicated in a Maine court within the past 5 years as having committed the juvenile crime defined in Title 15 M.R.S.A. § 3103 (1) (B) of possession of a useable amount of marijuana, as provided in Title 22 M.R.S.A. § 2383?---------- YES NO

[continued on next page]

READ THE FOLLOWING CAREFULLY BEFORE SIGNING APPLICATION

BY AFFIXING YOUR SIGNATURE BELOW AS THE APPLICANT YOU:

A. Certify that the statements you have made on this application and any documents you make a part of this application, are true and correct.

A-1. Certify that you understand that a "yes" answer to question (l) or (o) above is cause for refusal unless you are authorized to possess a Handgun under Title 15 M.R.S.A. § 393.

A-2. Certify that you understand that a "yes" answer to question (p) is cause for refusal if the order of the court meets the preconditions contained in Title 15, M.R.S.A. § 393 (1) (D). If the order of the court does not meet the preconditions, the conduct underlying the order may be used by the issuing authority, along with other information, in judging good moral character under 25 M.R.S.A. § 2003 (4).

B. Certify that you understand that a "yes" answer to question number (a), (k), (n), or any of the questions numbered (q) through (x) above is cause for refusal.

B-1. Certify that you understand that a "yes" answer to one or more of the questions numbered (b) through (j), (m), (y), (z), or (aa) to (ff) above will be used by this issuing authority, along with other information, in judging good moral character under Title 25 M.R.S.A. § 2003 (4).

C. Certify that you will, that at the request of this issuing authority, take whatever action is required of you by law to allow this issuing authority to obtain from the Maine Department of Health and Human Services (limited to records of patient committals to Riverview Psychiatric Center and Dorothea Dix Psychiatric Center), the courts, law enforcement agencies, the military, the United States Citizenship and Immigration Services, and any prior issuing authority in this State or any other jurisdiction with which you have been involved, information relevant to the following:
(1) The determination as to whether the information supplied on the application or any documents made a part of the application is true and correct;
(2) The determination as to whether each of the additional requirements of Title 25 M.R.S.A. § 2003 has been met;
(3) The determination as to whether, if you are currently a permit holder, such permit must be revoked under Title 25 M.R.S.A. § 2005; and
(4) The determination as to whether, if you are otherwise eligible and reapplying following an earlier revocation of a permit, you are eligible to do so under Title 25 M.R.S.A. § 2005 or Title 17-A M.R.S.A. § 1057.

D. Certify that you understand that if fingerprints are required by this issuing authority in order to resolve any questions as to your identity, you will submit to being fingerprinted.

E. Certify that you understand that if a photograph is an integral part of the permit to carry concealed Handguns adopted by this issuing authority, you will submit to being photographed for that purpose.

F. Certify that you understand that you must demonstrate to this issuing authority a knowledge of handgun safety as required by Title 25 M.R.S.A. § 2003 (1) (E) (5), unless you demonstrate that you are exempted under that same statute.

G. Certify that you have received a copy of the pamphlet entitled "LAWS RELATING TO PERMITS TO CARRY CONCEALED HANDGUNS" (2005 edition).

H. I understand that any false statements I make in this application or documents I make a part of this application may result in criminal prosecution pursuant to 25 M.R.S.A. § 2004 (1) and/or 17-A M.R.S.A. § 453, unsworn falsification.

_____ _____

Your Signature as Applicant Date

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND THE APPLICATION FEE ($35 FOR ORIGINAL APPLICATION, $20 FOR RENEWAL APPLICATION, OR $2.00 FOR CHANGE OF ADDRESS) MUST ACCOMPANY THIS APPLICATION OR THE APPLICATION WILL BE RETURNED.

AUTHORIZATION TO PSYCHIATRIC FACILITY TO RELEASE INFORMATION FOR THE PURPOSE OF APPLYING FOR A CONCEALED HANDGUN PERMIT

PRINT LEGIBLY OR TYPE

NAME OF APPLICANT:_____ **DOB:**_____

ALIAS AND/OR PRIOR NAME(S):_____

Pursuant to 25 M.R.S. §2003 (1)(E)(1), I authorize the **Riverview Psychiatric Center** and the **Dorothea Dix Psychiatric Center** of the Department of Health and Human Services to disclose any record of whether I have ever been committed to the Riverview Psychiatric Center or the Dorothea Dix Psychiatric Center to the issuing authority:

Issuing Authority (individual)	Suzanne D. Makoge		
Issuing Authority (organization)	Old Orchard Beach Police Department		
Mailing Address	16 E Emerson Cummings Blvd. Old Orchard Beach, Maine 04064		
Issuing Authority Fax #	207-937-5899	Telephone # to verify receipt of fax	207-937-5805

I understand that the information requested is protected by law and cannot be released without my written permission, unless otherwise specifically permitted by law. I understand that I have the right to review information and material prior to its release. I understand I have the right to revoke this authorization in writing at any time by contacting the issuing authority identified above. I understand that my refusal to sign this release will cause my application for a concealed handgun permit to be rejected. I understand that if the issuing authority receives an affirmative response to its inquiry, I may be asked to authorize the release of additional information to determine my eligibility for a concealed handgun permit. Information disclosed to the issuing authority pursuant to this release is confidential pursuant to 25 M.R.S. § 2006.

This authorization is effective for six months following the date of my signature.

_____

Applicant Signature **Date**

_____

Witness Signature **Date**

APPLICANT: DO NOT SEND THIS FORM TO THE HOSPITAL. YOU MUST RETURN THIS FORM TO THE ISSUING AUTHORITY IDENTIFIED ABOVE WITH YOUR PERMIT APPLICATION, OR YOUR APPLICATION MAY NOT BE PROCESSED.

ISSUING AUTHORITY: Send completed form (or a copy) to Riverview Psychiatric Center (RPC) **AND** to Dorothea Dix Psychiatric Center (DDPC) by **one** of the following means:

1. Scan form and send via **e-mail** to: RiverviewMedicalRecords@maine.gov *AND* DorotheaDixMedicalRecords@maine.gov *OR*
2. **Fax** form to: RPC: (207) 287-7127 *AND* DDPC: (207) 941-4029 *OR*
3. **Mail** the form, with a self-addressed stamped envelope to: Riverview Psychiatric Center, 250 Arsenal St., Augusta, ME 04330, Attn. Health Information; *AND* Dorothea Dix Psychiatric Center, PO Box 926, Bangor, ME 04401, Attn. Medical Records.

NOTICE TO ISSUING AUTHORITY: The RPC and DDPC will respond in the same manner in which you forward this form. However, if you fax the form, you must provide your telephone number so that the institution can verify your receipt of the return fax.

AUTHORITY TO RELEASE INFORMATION TO THE ISSUING AUTHORITY FOR THE PURPOSE OF EVALUATING INFORMATION SUPPLIED ON MY APPLICATION FOR A CONCEALED HANDGUN PERMIT UNDER 25 M.R.S., CHAPTER 252.

TO ALL LAW ENFORCEMENT AGENCIES, INCLUDING COURTS, BOTH WITHIN AND WITHOUT THE STATE OF MAINE:

I hereby authorize and direct you to release to the issuing authority or its representative any information in your possession or control concerning me pertaining to the following:

(1) conviction data;

(2) any criminal matter in which a formal charging instrument is now pending;

(3) adjudication data relating to any juvenile offenses which involves conduct which, if committed by an adult, would be a crime;

(4) any juvenile matter in which a formal charging instrument is now pending involving any juvenile offense described in (3) above;

(5) fugitive from justice status;

(6) incidents of abuse of family or household members within the past five years;

(7) drug abuse, drug addiction or drug dependency;

(8) adjudication as an incapacitated person;

(9) any mental disorder that causes me to be potentially dangerous to myself or others;

(10) reckless or negligent conduct as defined by 25 M.R.S. § 2002(11) within the past five years;

(11) information of record indicating that I have been convicted of or adjudicated as having committed a violation of Title 17-A, chapter 45 or Title 22, section 2383, or adjudicated as having committed a juvenile crime that is a violation of Title 22, section 2383 or a juvenile crime that would be defined as a criminal violation under Title 17-A, chapter 45 if committed by an adult; and

(12) whether I am currently subject to an order of a Maine court or an order of a court of the United States or another state, territory, commonwealth or tribe that restrains me from harassing, stalking or threatening an intimate partner, as defined in 18 United States Code, Section 921(a), or a child of an intimate partner, or from engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to that intimate partner or the child.

TO ALL PRIOR ISSUING AUTHORITIES, BOTH WITHIN AND WITHOUT THE STATE OF MAINE:

I hereby authorize and direct you to release to the issuing authority or its representative any information of record in your possession or control concerning me pertaining to any previous refusal to issue or revocation of a permit to carry handguns or firearms, or other weapons.

TO ALL MILITARY FORCES, BOTH STATE AND FEDERAL:

I hereby authorize and direct you to release to the issuing authority named below or its representative any information in your possession or control concerning me pertaining to a dishonorable discharge from the military forces within the past 5 years.

TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES:

I hereby authorize and direct you to release to the issuing authority or its representative any information in your possession or control concerning me pertaining to my status as an illegal alien.

TO ALL ABOVE-ADDRESSED GOVERNMENTAL ENTITIES:

I hereby authorize and direct you to release to the issuing authority named below or its representative any information in your possession or control concerning me pertaining to the following:

(1) my full name;
(2) my full current address and address for the prior 5 years;
(3) the date and place of my birth and my physical description;
(4) my signature.

Should there be any question to the validity of this release, you may contact me at the address and/or the telephone number listed below.

DATE:	

APPLICANT'S FULL NAME: (Typed or printed)	
APPLICANT'S FULL NAME: (Signature)	
DATE OF BIRTH OF APPLICANT:	

Mailing Address of Applicant:	
Telephone Number of Applicant:	

Old Orchard Beach Police Department	Chief Dana Kelley c/o Suzanne Makoge
ISSUING AUTHORITY (Organization)	**ISSUING AUTHORITY REPRESENTATIVE (Name)**

INFORMATION OBTAINED PURSUANT TO THIS RELEASE IS CONFIDENTIAL TO THE EXTENT PROVIDED BY 25 M.R.S. § 2006 AND MAY NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION OR COPYING BY THE ISSUING AUTHORITY UNLESS THE CONFIDENTIALITY IS WAIVED BY THIS APPLICANT BY WRITTEN NOTICE TO THE ISSUING AUTHORITY.

THIS ORIGINAL RELEASE, AND ANY COPIES, ARE VALID FOR A PERIOD OF SIX MONTHS FROM THE DATE OF SIGNATURE OF THE APPLICANT.