

Ex. 90

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DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
APPLICATION FOR LICENSE
UNDER 18 U.S.C. CHAPTER 44, FIREARMS

FOR ATF USE ONLY

JUL 31 1981

6-13-003-01-33298

1. NAME OF OWNER OR CORPORATION (If partnership, include name of each partner)
VINIC M. FRANZA NYRA (HENDEZ) FRANZA OF

2. TRADE OR BUSINESS NAME, IF ANY
NICK'S GUN STORE

3. EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER
107-48-6519 056-58-6841

4. NAME OF COUNTY IN WHICH BUSINESS IS LOCATED
NEW YORK CITY, N.Y. (BRONX)

5. BUSINESS ADDRESS (RFD or street no., city, State, ZIP Code)
3320 BARKER AVE
BRONX, N.Y. 10467

6. BUSINESS LOCATION (If no street address in item 5, show directions and distance from nearest P.O. or city limits)

7. TELEPHONE NUMBER (Include Area Code.)
BUSINESS 212-881-9447
RESIDENCE 212-881-9447

8. APPLICANT'S BUSINESS IS
 INDIVIDUALLY OWNED A CORPORATION
 A PARTNERSHIP OTHER (Specify) _____

9. IS ANY BUSINESS OTHER THAN THAT FOR WHICH THE LICENSE APPLICATION IS BEING MADE CONDUCTED ON THE BUSINESS PREMISES? (If "Yes," give the general nature of that business)
 YES NO

10. APPLICATION IS MADE FOR A LICENSE UNDER 18 U.S.C. CHAPTER 44 AS A: (Place an "X" in column (b) of the appropriate line. Submit the fee shown in column (c) with the application.)

TYPE*	DESCRIPTION OF LICENSE TYPE (a)	"X" (b)	FEE (c)
01	DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES (INCLUDES: Rifles, Shotguns, Pistols, Revolvers, Gunsmith activities and National Firearms Act (NFA) Weapons)	X	\$30
02	PAWNBROKER DEALING IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES		\$75
03	COLLECTOR OF CURIOS AND RELICS (Note: Omit items 11 and 12 if checked here and no other licenses are applied for.)		\$30
06	MANUFACTURER OF AMMUNITION FOR FIREARMS OTHER THAN AMMUNITION FOR DESTRUCTIVE DEVICES OR ARMOR PIERCING AMMUNITION		\$30
07	MANUFACTURER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES		\$150
08	IMPORTER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES OR AMMUNITION FOR FIREARMS OTHER THAN DESTRUCTIVE DEVICES, OR AMMUNITION OTHER THAN ARMOR PIERCING AMMUNITION (NOTE: Importer of handguns and rifles, see item 10 of instruction sheet)		\$150
09	DEALER IN DESTRUCTIVE DEVICES		\$3000
10	MANUFACTURER OF DESTRUCTIVE DEVICES, AMMUNITION FOR DESTRUCTIVE DEVICES OR ARMOR PIERCING AMMUNITION		\$3000
11	IMPORTER OF DESTRUCTIVE DEVICES, AMMUNITION FOR DESTRUCTIVE DEVICES OR ARMOR PIERCING AMMUNITION		\$3000

MAKE CHECK OR MONEY ORDER PAYABLE TO THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS TOTAL FEES \$

*NOTE: Applicants intending to engage in business relating to NFA weapons (including destructive devices and ammunition for destructive devices) are required to pay a special (occupational) tax before commencing business (26 U.S.C. 5801). For information, contact the NFA Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

11. HOURS OF OPERATION OF APPLICANT'S BUSINESS

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open	10 A.M.	9 A.M.	9 A.M.	9 A.M.	9 A.M.	9 A.M.	9 A.M.
Close	2 P.M.	9 P.M.	9 P.M.	9 P.M.	9 P.M.	9 P.M.	9 P.M.

12. ARE THE APPLICANT'S BUSINESS PREMISES OPEN TO THE GENERAL PUBLIC DURING THESE HOURS?
 YES
 NO (If "No," give explanation on separate sheet.)

13. IS APPLICANT PRESENTLY ENGAGED IN A BUSINESS REQUIRING A FEDERAL FIREARMS LICENSE? (If "Yes," answer 14.)
 YES NO

14. PRESENT LICENSE NUMBER

15. DESCRIBE SPECIFIC ACTIVITY APPLICANT IS ENGAGED IN, OR INTENDS TO ENGAGE IN, WHICH WILL REQUIRE A FEDERAL FIREARMS LICENSE (e.g., dealer in rifles, shotguns, revolvers, gunsmith, dealer in machine guns, etc.)

DEALING IN RIFLES, SHOTGUNS, PISTOLS, REVOLVERS, MACHINE GUNS, GUNSMITH.

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16. NAME _____ IF BUSINESS OBTAINED FROM SOMEONE ELSE GIVE _____

17. LICENSE NUMBER _____

18. LIST BELOW THE INFORMATION REQUIRED FOR EACH INDIVIDUAL OWNER, (sole owners must include themselves), PARTNER, AND OTHER RESPONSIBLE PERSONS (see instruction 7) IN THE APPLICANT BUSINESS. IF A FEMALE, LIST GIVEN NAMES AND MAIDEN, IF MARRIED, e.g., "MARY ALICE (SMITH) JONES," NOT "MRS. JOHN JONES." (If additional space is needed, use a separate sheet.)

230	FULL NAME	POSITION AND SOCIAL SECURITY NO.	HOME ADDRESS (Include ZIP Code)	PLACE OF BIRTH	DATE OF BIRTH
	DOMINIC M, FRANZA	PARTNERSHIP 107-48-6519	3320 BARKER AVE BX, N.Y. 10467	N.Y.C. N.Y.	7/27/57
	MYRA (MENDEZ) FRANZA <i>D.F.</i>	PARTNERSHIP <i>D.F.</i> 056-58-6841	3320 BARKER AVE BX, N.Y. 10467	N.Y.C. N.Y.	2/12/64

19. HAS APPLICANT OR ANY PERSON LISTED ABOVE: (If "Yes," place an (*) by the name and show city and State as right.)

HELD A FEDERAL FIREARMS LICENSE	YES	NO	CITY
BEEN DENIED A FEDERAL FIREARMS LICENSE		NO	
BEEN AN OFFICER IN A CORPORATION HOLDING A FEDERAL FIREARMS LICENSE		NO	
BEEN AN EMPLOYEE RESPONSIBLE FOR FIREARMS ACTIVITIES OF A FEDERAL FIREARMS LICENSEE		NO	
GIVE FULL DETAILS ON SEPARATE SHEET FOR ALL "Yes" ANSWERS IN ITEMS 20 & 21.			STATE

20. IS APPLICANT OR ANY PERSON NAMED IN ITEM 18 ABOVE:

A. CHARGED BY INFORMATION OR UNDER INDICTMENT IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR*	YES	NO
B. A FUGITIVE FROM JUSTICE		NO
C. AN ALIEN WHO IS ILLEGALLY OR UNLAWFULLY IN THE UNITED STATES		NO
D. UNDER 21 YEARS OF AGE		NO
E. AN UNLAWFUL USER OF DR ADDICTED TO MARIJUANA OR ANY DEPRESSANT, STIMULANT OR NARCOTIC DRUG, OR ANY CONTROLLED SUBSTANCE		NO

21. HAS APPLICANT OR ANY PERSON NAMED IN ITEM 18 EVER:

A. BEEN CONVICTED IN ANY COURT OF A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR*	YES	NO
B. BEEN DISCHARGED FROM THE ARMED FORCES UNDER DISHONORABLE CONDITIONS		NO
C. BEEN ADJUDICATED AS A MENTAL DEFECTIVE OR BEEN COMMITTED TO ANY MENTAL INSTITUTION		NO
D. RENOUNCED HIS CITIZENSHIP HAVING BEEN A CITIZEN OF THE UNITED STATES		NO

22. CERTIFICATION: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application and the documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct and complete.

SIGN HERE *Dominic M. Franza* TITLE PARTNERSHIP DATE 6/19/90

FOR ATF USE 515-901-0711

23. APPLICATION IS: APPROVED; DISAPPROVED*
 TERMINATED*
 *1. USE FEE WILL BE REFUNDED BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

REASONS FOR TERMINATED OR DISAPPROVED APPLICATION

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SIGNATURE OF REGIONAL DIRECTOR (COMPLIANCE) DATE

*Information — A formal accusation of crime made by a prosecuting attorney, as distinguished from an indictment presented by grand jury.
 *A YES answer is required if the judge could have given a sentence of more than one year. You may answer NO if (a) you have been pardoned for the crime or (b) the conviction has been expunged or set aside or (c) your civil rights have been restored AND you are not prohibited from possessing or receiving any firearms under the law where the conviction occurred