

CONCEALED WEAPON APPLICATION

22-11-23. FALSIFICATION OF PUBLIC RECORDS. ANY PERSON WHO KNOWINGLY MAKES A FALSE ENTRY IN, OR FALSELY ALTERS ANY PUBLIC RECORD IS GUILTY OF A CLASS 2 MISDEMEANOR EXCEPT THAT WHEN DONE BY A PUBLIC OFFICER OR EMPLOYEE HAVING CUSTODY OF THE RECORD. IT IS A CLASS 1 MISDEMEANOR.

PREVIOUS PISTOL PERMIT: YES NO WHERE ISSUED \_\_\_\_\_ CITY AND STATE \_\_\_\_\_

FULL NAME: \_\_\_\_\_ ALIAS: \_\_\_\_\_  
LAST FIRST MIDDLE

MAILING ADDRESS: \_\_\_\_\_

RESIDENTIAL ADDRESS (IF DIFFERENT): \_\_\_\_\_

TELEPHONE HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

DRIVER'S LIC NUMBER: \_\_\_\_\_ S.S. NUMBER: \_\_\_\_\_ (OPTIONAL)

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ FT IN EYE COLOR: \_\_\_\_\_ CITY, STATE, COUNTRY  
HAIR COLOR: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: MALE FEMALE

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

LENGTH OF RESIDENCE: \_\_\_\_\_ YRS MOS \_\_\_\_\_ YRS MOS \_\_\_\_\_ YRS MOS  
IN SD IN MINN COUNTY IN US

FORMER RESIDENCE: \_\_\_\_\_ US CITIZEN: YES NO  
CITY AND STATE

LIST ALL ARRESTS: \_\_\_\_\_  
(USE BACK OF FORM IF NECESSARY)

I certify that I am the applicant described above and that the information on the application is true and correct. Answer the following questions.

- YES NO 1. Have you ever been convicted of a felony?
- YES NO 2. Have you ever been convicted of a crime of violence?
- YES NO 3. Have you ever habitually been in an intoxicated or drugged condition?
- YES NO 4. Have you ever had a history of violence?
- YES NO 5. Have you been found in the previous 10 years to be a "danger to other" or a "danger to self, or currently adjudicated mentally incompetent?
- YES NO 6. At the time of this application, I have been a resident of MINNEHAHA COUNTY for at least 30 days.
- YES NO 7. Have you had any violation of firearm laws or drug laws in the 5 years preceding the date of this application?

In accordance with 23-7-8.1, the holder of a concealed pistol permit cannot carry pistol into any licensed on-sale malt beverage or alcoholic beverage establishment.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

Mailing Address: Minnehaha County Sheriff Office, 320 W 4th St, Sioux Falls, SD 57104

AS400: \_\_\_\_\_ NEW WORLD: \_\_\_\_\_ SID#: \_\_\_\_\_  
SAO: \_\_\_\_\_ NCIC: \_\_\_\_\_ TRIPLE I: \_\_\_\_\_



**MINNEHAHA COUNTY SHERIFF'S DEPARTMENT**

**SIOUX FALLS LAW ENFORCEMENT CENTER  
320 WEST FOURTH STREET  
SIOUX FALLS, SOUTH DAKOTA 57104-2413  
PH: (605)-367-4300  
FAX: (605)-367-7319**

**FAX to: SD Human Services Center Admission Office  
605-668-3429**

**RETURN to: Minnehaha County Sheriff's Office  
605-367-7319**

**RELEASE OF INFORMATION  
FOR PERMIT TO CARRY A CONCEALED WEAPON  
(SDCL 23-7-7.1)**

\_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Maiden Name or Alias (Please Print) \_\_\_\_\_  
Social Security Number

I hereby authorize the South Dakota Human Services Center to respond to the Minnehaha County Sheriff's Office regarding the following question pertaining to services I may have received for a period of ten (10) years prior to the date of my signature.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Witness \_\_\_\_\_  
Date

Was the above named person a patient at the South Dakota Human Services Center during a period of ten (10) years prior to the date of signature and found to be a "danger to others" or a "danger to self" as defined by SDCL 27A-1-1.

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of HSC Staff Responding \_\_\_\_\_  
Date