



City of Napoleon, Ohio

Zoning Department

255 West Riverview Avenue, P.O. Box 151

Napoleon, OH 43545

Kevin Schultheis Code Enforcement / Zoning Administrator

Telephone: (419) 592-4010 Fax: (419) 599-8393

www.napoleonohio.com

COMMERCIAL ZONING PERMIT

Issued Date: March 5, 2021

Expiration Date: March 5, 2022

Permit Number: P-21-013

Job Location: 240 West Front Street

Owner: Dustin Grimm
240 West Front Street
Napoleon, Ohio 43545

Contractor: Self
419-270-0131

Zone: C-1 General Commercial

Set Backs: Principal Building

Front: None Rear: None Side: None

Comments:
New Business

Permit Type: Zoning

Fee: \$50.00

Status: Paid

Amount Due: \$0.00

Kevin Schultheis
Code Enforcement/Zoning Administrator



City of Napoleon, Ohio

Zoning Department

255 West Riverview Avenue, P.O. Box 151

Napoleon, OH 43545

Kevin Schulteis Code Enforcement / Interim Zoning Administrator

Telephone: (419) 592-4010 Fax: (419) 599-8393

www.napoleonohio.com

P-21-013

Commercial Zoning Permit Application

Date 1-28-2021 Job Location 240 West Front St. Napoleon, Oh 43545

Owner Dustin Grimm Telephone # 419-270-0131

Owner Address 240 West Front Street Napoleon, Ohio 43545

Contractor Self Cell Phone # _____

Description of Work to be Performed None - New Business

Estimated Completion Date Complete Estimated Cost Ø

Demo Permit - \$100.00 - See Separate Form	(MDEMO 100.1700.46690)	\$
Zoning Permit - \$50.00	(MZON 100.1700.46690)	\$ 50 ⁰⁰
Fence - \$25.00	(MZON 100.1700.46690)	\$
Garage and Shed 120 SF or less (Detached) - \$25.00	(MZON 100.1700.46690)	\$
Driveway/Sidewalk/Curbing - \$0.00	(MZON 100.1700.46690)	\$
Drainage Permit/Outside Water/Sewer Repair - \$0.00	(MBLDG 510.0000.47300)	\$
1" Water Tap, 5/8" Meter, Copper Setter and Transmitter - \$1,200.00(Outside City - \$5,680)	(MBLDG 510.0000.47300)	\$
1" Water Tap, 3/4" Meter, Copper Setter and Transmitter - \$1,300.00(Outside City - \$5,820)	(MBLDG 510.0000.47300)	\$
1" Water Tap, 1" Meter, Copper Setter and Transmitter - \$1,400.00 (Outside City - \$5,960)	(MBLDG 510.0000.47300)	\$
1 1/2" Water Tap and Larger - See Operations Superintendent		\$
1" Meter, Copper Setter and Transmitter Without Tap - \$525.00	(MBLDG 510.0000.44730)	
3/4" Meter, Copper Setter and Transmitter Without Tap - \$440.87	(MBLDG 510.0000.44730)	
5/8" Meter, Copper Setter and Transmitter Without Tap - \$350.00	(MBLDG 510.0000.44730)	
Sewer Tap for All Commercial and Industrial Uses - \$600.00	(MBLDG 510.0000.44730)	\$
Sewer Tap Inspection Fee, M.F., Comm., Indust. 50 L.F. or Less - \$100.00	(MBLDG 510.0000.44730)	
Sewer Tap, M.F., Comm., Indust, 51 L.F. or More - \$100.00 + \$10.00 for each 50 L.F.	(MBLDG 510.0000.44730)	\$
Manufactured Home Court - \$87.00 Per Dwelling	(MBLDG 510.0000.44730)	
Sewer Main Extension in Right of Way Inspection - 2% of Construction Cost	(MBLDG 510.0000.44730)	\$
Inspection Fee Outside the Corporation Limits - Increase 50%	(MBLDG 510.0000.44730)	
TOTAL FEE:		\$ 50⁰⁰

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON ZONING DEPARTMENT. I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT [Signature]

DATE: 1-28-2021

BATCH # 44804

CHECK # 1344

DATE 3-5-21



Industrial Ventilation - Custom Fabrication - Maintenance Support - HVAC And Boiler Service

232 West Front Street Napoleon, Ohio 43545

Phone: 419 717-9663

dgrimm@tgi.services - bmyers@tgi.services

City of Napoleon,

I would like to apply for a retail zoning permit under 60,000 square feet at 240 West Front Street in Napoleon. My intentions at this location are to open a small gun shop. The shop will mainly be open on either Saturday or Sunday depending on my schedule. I would be mainly doing transfers, ammunition sales and some gun sales as they come about. I have not applied for my FFL yet as I am waiting to make sure the city is okay with this idea. Please contact me directly with any questions or concerns at 419-270-0131 Thank you

Dustin Grimm

3/5/2021

Application for Federal Firearms License

Part A

1. Applicant's Business/Activity is: ☒ Individual Owner (Sole Proprietor) ☐ Partnership ☐ Corporation ☐ LLC
☐ Collector (which can be an individual/partnership/corporation or LLC) ☐ Other (specify)

2. Applicant Name (Enter name of Owner/Sole Proprietor OR Partnership (include name of each partner) OR Corporation Name OR LLC Name)
Dustin A. Grimm

3. Trade or Business Name(s), if any

4. Employer Identification Number (EIN), if any (see definition #17)

5. Name of County in which Business/Activity is Located
Henry

6. Business/Activity Address (RFD or Street Number, City, State, and ZIP Code) (NOTE: This address CANNOT be a P.O. Box.)
240 West Front Street
Napoleon, Ohio 43545

7. Mailing Address (if different from address in item #6)
1104 Holgate Avenue
Maumee, Ohio 43537

8. Contact Numbers (Include Area Code)
Business/Activity Phone 419 717-9663 Fax Number N/A
Cell Phone 419 270-0131 Business Email DWcm.dustin@yahoo.com

9. Describe the specific activity applicant is engaged in or intends to engage in, which requires a Federal Firearms License (sale of ammunition alone does not require a Federal Firearms License).

Gun Store, Transfers

10. Application is made for a license under 18 U.S.C. Chapter 44 as a: (Place an "X" in the appropriate box(es). Multiple license types may be selected- see instruction #8. Submit the fee noted next to the box(es) with the application. Licenses are issued for a 3-year period. See instruction #5 for payment information).

Type	Description of License Type	Fee
01	Dealer in Firearms Other than Destructive Devices (Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons) (see instruction #10)	\$200 <input checked="" type="checkbox"/>
02	Pawnbroker in Firearms Other than Destructive Devices (Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons) (see instruction #10)	\$200 <input type="checkbox"/>
03	Collector of Curios and Relics (NOTE: This is not a license to conduct business, see instruction #8)	\$30 <input checked="" type="checkbox"/>
06	Manufacturer of Ammunition for Firearms Other Than Ammunition for Destructive Devices or Armor Piercing Ammunition (see instruction #11)	\$30 <input type="checkbox"/>
07	Manufacturer of Firearms Other than Destructive Devices (see instruction #11)	\$150 <input type="checkbox"/>
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 instruction #9)	\$150 <input checked="" type="checkbox"/>
09	Dealer in Destructive Devices (see definition #20)	\$3000 <input type="checkbox"/>
10	Manufacturer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (see instruction #11)	\$3000 <input type="checkbox"/>
11	Importer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (see instruction #9)	\$3000 <input type="checkbox"/>

Total Fees \$ 380.00

11. Method of Payment (Check one)

☐ Check (Enclosed) ☐ Cashier's Check or Money Order (Enclosed) ☐ Visa ☒ Mastercard ☐ American Express ☐ Discover ☐ Diner's Club

Credit/Debit Card Number (No dashes) 5714 1571 1571 1571 Name as Printed on Your Credit/Debit Card Dustin A Grimm Expiration Date (MM/YY) 01/23

Credit/Debit Card Address: 1104 Holgate Avenue
Billing Address: City: Maumee State: Ohio ZIP Code: 43537

Please complete to ensure payment is credited to the correct application:

I am paying the application fee for the following Person, Corporation, or Partnership:
Self Total Application Fees: \$ 380.00

I authorize ATF to charge my Credit/Debit Card the above amount. Your credit/debit card will be charged the above stated amount upon receipt of your application and a charge from "ATF Licensing Fee" will be reflected on your credit/debit card statement. In the event a license is NOT issued, the above amount will be credited to the credit/debit card noted above.

[Signature]
Signature of Cardholder

2-7-2021
Date

Dustin Grimm 269-82-1681

Part B - Responsible Person Questionnaire

1. EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE/ATF Form 7/7CR Part B. In the future, if you need to add an additional Responsible Person to your FFL, the Responsible Person being added may complete this Part B-Responsible Person Questionnaire (see instruction #7).
2. Issuance of your license or addition as a Responsible Person will be delayed if Part B is incomplete or otherwise improperly prepared.
3. IMPORTANT! All new responsible persons must submit a properly prepared FD-258 (Fingerprint Card) with this questionnaire. The fingerprints must be clear for accurate classification and taken by someone properly equipped to take them. The FD-258 should include "WVATF1100 ATF-FFLC, MARTINSBURG, WV" in the ORI block to facilitate processing of fingerprints.
4. List any given, married, and maiden names in Item 4, e.g., "Mary Alice (Smith) Jones," not "Mrs. John Jones." (If additional space is needed, attach a separate sheet. See instruction #1)

1. License or Applicant Name (From block 2 of Part A)

2. Federal Firearms License Number (If being added to an existing FFL)

Dustin Allen Grimm

3. Name of Responsible Person (Last, First, Middle)

4. Aliases (Include given, married, maiden names)

5. Position/Title

Grimm Dustin Allen

none

Owner

6. Social Security Number

7. Date of Birth (MM/DD/YYYY)

8. Place of Birth (City & State OR foreign country)

10/09/1982

Toledo, Ohio

9. Current Residence Address

10. Telephone Number (Personal Contact # with Area Code)

1104 Holgate Avenue

419 270-0131

maumee, Ohio 43537

11. E-mail Address

nwcma.dustin@yahoo.com

12. Previous Address(es) - Please provide every address you have had in the last five years and dates which you lived at the address(es) (If additional space is needed attach a separate sheet. See instruction #1)

lived at above address
for 10 years

13. Sex

☒ Male☐ Female

14. Height

6 Feet

6 Inches

15. Weight

270 (lbs)

16. Eye Color

☐ Black☐ Blue☒ Brown☐ Gray☐ Green☐ Hazel☐ Maroon☐ Multiple☐ Pink☐ Other

17. Hair Color

☐ Bald☐ Black☐ Blond☒ Brown☐ Gray☐ Red☐ Sandy☐ White☐ Other

18. Ethnicity

Hispanic or Latino ☐ Yes ☒ No

19. Race (Please check one or more boxes)

☐ American Indian or Alaska Native☐ Black or African American☐ Native Hawaiian or Other Pacific Islander☐ Asian ☒ White

For the following questions give full details on a separate sheet for all "Yes" answers (see instruction #1)

Yes No

20. Have you ever held a Federal Firearms License? (If so, please include FFL#)

X

21. Have you ever been a Responsible Person on a Federal Firearms License? (If so, please include FFL#)

X

22. Have you ever been an officer in a corporation holding a Federal Firearms License? (If so, please include FFL#)

X

23. Have you ever been an employee of a Federal Firearms Licensee?

X

24. Have you ever been denied a Federal Firearms License?

X

25. Have you ever had a Federal Firearms License revoked?

X

26. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (See definition #10)

X

27. Have you ever been convicted in any court for a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (See definition #10)

X

28. Are you a fugitive from justice? (See definition #11)

X

29. Are you under 21 years of age?

X

30. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?

Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.

X

31. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? (See definitions #12 and #13)

X

32. Have you been discharged from the Armed Forces under dishonorable conditions?

X

33. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? (See definition #5)

X

34. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See definition #7)

X

12. Hours of Operation and/or Availability of Business/Activity (please provide at least one hour in which you can be contacted by ATF personnel)

Hour(s): Please indicate AM or PM	Sun	Mon	Tues	Wed	Thu	Fri	Sat
							9:00 AM 5:00 PM

IF YOU ARE ONLY APPLYING FOR A TYPE 03 (COLLECTOR OF CURIOS AND RELICS) LICENSE, SKIP ITEMS 13-17 AND GO TO ITEM 18.
FOR ALL OTHER LICENSE TYPES, CONTINUE WITH ITEM 13.

13. Was the business obtained from someone else? (If "Yes," please provide the name of the previous business and their FFL Number) ☐ Yes ☒ No

Name of Previous Business

Federal Firearms License Number

14. Indicate type of business premises

Zoned Residential:

- ☐ Single Family Dwelling
☐ Condominium/Apartment
☐ Hotel/Motel
☐ Public Housing

Zoned Commercial:

- ☒ Store Front
☐ Office
☐ Rod & Gun Club
☐ Military Installation (see instruction #13-additional information required)
☐ Other (specify) _____

15. Applicant's business premises is:

☒ Owned Premises

☐ Military Installation

☐ Rented/Leased Premises- provide name, telephone number, and address **of the property owner:**

Name

Street Address

Telephone Number (with area code)

City, State, and ZIP Code

16. Do you intend to sell firearms at Gun Shows and/or conduct Internet sales? ☒ Yes ☐ No

17. Do you intend to use your license ONLY to acquire firearms to enhance your personal collection? ☐ Yes ☒ No

18. Name of Chief Law Enforcement Officer (CLEO) (Please print the name of the CLEO to whom a copy of this application was provided. See instruction #4 and definition #1.)

Michael D. Bodenbender

19. Address of CLEO (Include Number, Street, City, County, State, and ZIP Code)

123 East Washington Street
Napoleon, Ohio 43545

County:

Henry

ATTENTION Chief Law Enforcement Officer (CLEO): This form provides notification of a person's intent to apply for a Federal Firearms License (FFL). It requires no action on your part. However, should you have information that may disqualify the person from obtaining a Federal Firearms License, please contact the Federal Firearms Licensing Center toll free at 1-866-662-2750. Issuance of an FFL in no way guarantees the business or activity is not in violation of State and/or local law.

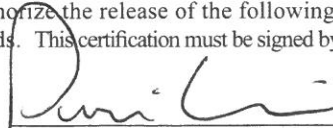
20. Applicant Certification (Please read **AND INITIAL** each box)

- ☒ a. The business/activity to be conducted under the Federal Firearms License is not prohibited by State or local law at the premises shown in item 6. This includes compliance with zoning ordinances. (Please contact your local zoning department PRIOR TO submitting application)
- ☒ b. Within 30 days after the application is approved, the business/activity will comply with the requirements of State and local law applicable to the conduct of the business/activity.
- ☒ c. Business/activity will not be conducted under the license until the requirements of State and local law applicable to the business/activity have been met.
- ☒ d. A completed copy of this application has been sent (mailed or delivered) to the Chief Law Enforcement Officer (CLEO) of the locality in which the premises listed in item 6 is located (see instruction #4 and definition #1).
- ☒ e. As required by 18 U.S.C. 923 (d)(1)(G), I certify that secure gun storage or safety devices will be available at any place in which firearms are sold under this Federal Firearms License to persons who are not licensees. (See definition #4) (If applying for a Type 03, Collector of Curios and Relics License **ONLY**, write "N/A" instead of initialing this certification box.)
- ☒ f. Part B of this application has been completed and will be submitted for **EACH** responsible person (RP) (See definition #3)

21. Certification: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application in its entirety and the documents submitted in support thereof and to the best of my knowledge and belief, they are true, correct, and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding the background of the applicant. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records. This certification must be signed by a Responsible Person (see instruction #2 and definition #3).

Dustin Allen Grimm

Print Applicant Name (First, Middle, Last)



Applicant Signature

2-7-2021

Date

Check Application Status (For ATF Use Only) ☐ Approved ☐ Abandoned ☐ Withdrawn ☐ Denied Reason for Denial:

Signature of Licensing Official:

Date:

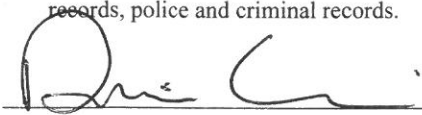
35. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.)

☒ United States of America ☐ Other Country/Countries (specify): _____

	Yes	No
36. Have you ever renounced United States citizenship?		X
37. Are you an alien illegally or unlawfully in the United States?		X
38. a. Are you an alien who has been admitted to the United States under a nonimmigrant visa? (See definition #8)		X
b. If "yes", do you fall within any of the exceptions stated in definition #9? Attach supporting documentation to the application. <input checked="" type="checkbox"/> N/A		

39. If you are an alien, record your U.S.-Issued Alien or Admission number (AR#, USCIS#, or I94#): _____

40. Under the penalties imposed by 18 U.S.C. § 924 and 1001, I declare that I have examined any related documents submitted in regard to this questionnaire/ATF Form 7/7CR Part B, and to the best of my knowledge and belief, they are true, correct and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records.



Signature

Dustin Allen Grimm

Printed Name

2-7-2021

Date

EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE/ATF FORM 7/7CR PART B

**Attach a 2" X 2"
Photograph Here**

**If you are applying for a Type 03
ONLY a photograph is not required**

1. Photo must have been taken within the last six months.
2. Photo must have been taken in full face view without a hat or head covering that obscures the hair or hairline.
3. On back of photograph print full name, last 4 of SSN, and business address.

If applying for a NEW FFL:

Mail application, fingerprint cards, photographs, and application fees, including a separate questionnaire/Part B for EACH Responsible Person, to:

Federal Firearms Licensing Center
P.O. Box 6200-20
Portland, OR 97228-6200

If only adding a RP to an existing FFL:

Each Responsible Person being added must complete a separate questionnaire/ATF Form 7/7CR Part B and mail it, along with their fingerprint card and photograph, to: ATF, Attn: FFLC, 244 Needy Rd, Martinsburg, WV 25405

Type 03 Applicants:

A photograph and fingerprint card are not required if you are applying for a Type 03 Collector of Curios and Relics license only.

Questions:

If you have any questions relating to this form, please contact the ATF Federal Firearms Licensing Center at 1-866-662-2750, or your local ATF Industry Operations Office.

Dustin Allen Grimm

Print Full Name

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required in order to obtain or retain a benefit and is mandatory by statute (18 U.S.C. § 923).

The estimated average burden associated with this collection of information is 60 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Resource Management Staff, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.