

# Cherokee County Sheriff's Office

## Concealed Handgun Permit Information

### Concealed Handgun Permits are by appointment.

(Renewals, call at least 3 months prior to expiration date of permit)

Contact the Gun Permit Dept. at (828) 837-2589 to make your appointment.

**Complete all pages of application packet.**

**Do NOT DATE or SIGN any pages prior to your appointment.**

(Our notary service is included with this application process.)

Please **use this checklist** to help prepare for the appointment:

NC Gen. Statutes 14-404; 14-415.11; 14-415.12; 14-415.13; (<https://www.ncdot.gov/dmv/moving/>)

\_\_\_ Allow approximately **45 minutes/1 hour** for **NEW permit appointments**; **30 minutes/Renewals**.

\_\_\_ Provide a **current/valid/legible North Carolina Driver's License** (if you drive) or NC ID Card displaying your **current** residential address (<https://www.ncdot.gov/dmv/moving/>)

\_\_\_ Must be a **resident** of **Cherokee County** for a minimum of 30 days

\_\_\_ **Military personnel DD-214** (discharge paper) showing characterization of service (i.e., "Honorable" discharge)

\_\_\_ Must provide a **VALID North Carolina Handgun Training Certificate** for **NEW** permit (NOT for RENEWALS)  
(certificates expire 1 year from issue date)

\_\_\_ Must be **fingerprinted** at time of application for a **NEW** permit (NOT for RENEWALS)

\_\_\_ Must be a minimum of 21 years old

\_\_\_ Must pay a **non-refundable** fee: \$90/NEW application or \$75/RENEWAL that has not expired (**exact cash/check**)

\_\_\_ **\*\*\*Provide names, mailing addresses and fax numbers of physical and mental health providers/clinics as well as substance abuse providers/clinics in order to complete the Release of Information form from the Administrative Office of the Court that is found within this application packet.\*\*\***

### Concealed Handgun Permit RENEWALS

NC Gen. Statute 14-415.16; 14-415.9 (fees)

- **RENEWALS** must apply *at least* 30 days PRIOR to your expiration date, but *no more* than 90 days prior.  
**CALL at least 3 months prior to expiration date of permit to get appointment.**
- If your permit has EXPIRED, but it has been **LESS than 60 days** since the permit **expired**, you will be required to apply as a NEW APPLICANT, be fingerprinted and pay the \$90 non-refundable fee, but you will not be required to submit a new training certificate.
- If **more than 60 days** has passed since your permit **EXPIRED**, NC **LAW** requires you to retake the CONCEALED HANDGUN TRAINING COURSE, apply as a NEW APPLICANT, submit the NEW training certificate with the application, be fingerprinted and pay the non-refundable \$90 fee.

### When your permit is ready, we will call you:

NC Gen. Statute 14-415.15

- It may take **up to 45 days to issue**, **AFTER** receipt of **all** responses from other agencies involved. Then the **SBI** will **print and mail the permit to our office** at which time we will finish processing. Once your permit is ready, we will call you. The **applicant** will then come to our office, present a current/valid/legible **North Carolina Driver's License/ID card** that matches the Permit, and sign the Permit in front of a CCSO staff member.

**\*\*\* It is *your* responsibility to know the gun laws. \*\*\***

I have read and understand that I must meet the above requirements by the time of the application appointment. I must also complete the application completely, accurately and include all **previous** names.

\_\_\_\_\_  
APPLICANT SIGNATURE or INITIALS

\_\_\_\_\_  
DATE

# STATE OF NORTH CAROLINA

## APPLICATION FOR CONCEALED HANDGUN PERMIT

Name of Applicant (Last, First, Middle, Maiden) ♦ Attach listing of all previous addresses and all name changes including location and court file number (If Applicable)

- NEW PERMIT                       RENEWAL PERMIT  
 DUPLICATE                       EMERGENCY TEMPORARY PERMIT

G. S. 14-415.10 et seq.

Street Address		Date of Birth	Social Security Number (See Notification page 3)		
City	State	Zip Code	Driver's License Number (State ID Number if no driver's license)		State
Mailing Address		Military Status	<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> N/A	Race	Sex
Telephone Number	County of Residence		Eyes	Height	Weight
			Other Physical Description		

### APPLICATION

I, the undersigned applicant, being duly sworn, hereby make application for a North Carolina Concealed Handgun Permit and state that the following information is correct to the best of my knowledge.

(Check Appropriate Boxes)

1. Are you a citizen of the United States? (1)  Yes  No
2. Are you 21 years of age or older? (2)  Yes  No
3. Have you been a resident of North Carolina for 30 days or longer immediately preceding the date of this application? (3)  Yes  No
4. Do you suffer from a physical or mental infirmity that prevents the safe handling of a handgun? (4)  Yes  No
5. Have you successfully completed an approved firearms safety and training course which involved the actual firing of handguns and instruction in the laws of North Carolina governing the carrying of a concealed handgun and the use of deadly force? ♦ If Yes, attach documentation (5)  Yes  No\*
- \* If No: Do you meet the retired law enforcement officer exception in N.C.G.S. § 14-415.12(A)? \*  Yes  No  
♦ If Yes, attach documentation
6. Are you ineligible to own, possess, or receive a firearm under the provisions of state or federal law? (6)  Yes  No
7. Are you under indictment or has a finding of probable cause been entered against you for a pending felony charge? (7)  Yes  No
8. Have you been adjudicated guilty in any court of a felony? (8)  Yes\*  No  
\* If Yes: Have your firearm rights been restored pursuant to N.C.G.S. § 14-415.4? \*  Yes  No  
♦ If Yes, attach documentation
9. Are you a fugitive from justice? (9)  Yes  No
10. Are you an unlawful user of (or addicted to) marijuana, alcohol, or any depressant, stimulant, or narcotic drug, or any other controlled substance as defined in 21 U.S.C. § 802? (10)  Yes  No
11. Are you currently or have you been previously adjudicated or administratively determined to be lacking mental capacity or mentally ill? (11)  Yes  No
12. Have you been discharged from the U.S. Armed Forces under conditions other than honorable? (12)  Yes  No
13. Have you been adjudicated guilty of, or received a prayer for judgment continued for, or received a suspended sentence for, one or more crimes of violence constituting a misdemeanor, including but not limited to, a violation of the disqualifying criminal offenses listed page 3 of this form? ♦ See "List of Disqualifying Criminal Offenses" on page 3 (13)  Yes  No
14. Have you had an entry of prayer for judgment continued for a criminal offense which would disqualify you from obtaining a handgun permit? (14)  Yes  No
15. Are you free on bond or personal recognizance pending trial, appeal, or sentencing for a crime which would disqualify you from obtaining a concealed handgun permit? (15)  Yes  No
16. Have you been convicted of an impaired driving offense under G.S. 20-138.1, 20-138.2, or 20-138.3 within three years prior to the date of this application? (16)  Yes  No

I hereby apply for temporary emergency permit for a nonrenewable period of up to 45 days based upon the information set forth below. I reasonably believe that an emergency situation exists which may constitute a risk of safety to me, my family, or my property.

State Grounds for Temporary Emergency Permit (Use attachment if necessary)

SWORN TO AND SUBSCRIBED TO BEFORE ME

Date

Date

Signature of Person Authorized to Administer Oaths

Signature of Applicant

Title

Date Commission Expires

SEAL

**CAUTION**

Federal law and State law on the possession of handguns and firearms may differ. If you are prohibited by federal law from possessing a handgun or a firearm, you may be prosecuted in federal court. A State permit is not a defense to a federal prosecution.

**SHERIFF USE ONLY**

Check List — check applicable boxes

- |   |  |
|---|--|
| 1. Nonrefundable permit fee paid ..... <input type="checkbox"/>   | 8. Date issued Temporary Permit: _____ <input type="checkbox"/>      |
| 2. One full set of fingerprints administered by the Sheriff's Office ..... <input type="checkbox"/>                   | 9. Date denied Temporary Permit: _____ <input type="checkbox"/>      |
| 3. Original certificate of completion<br>of approved firearms safety & training course ..... <input type="checkbox"/> | 10. Date issued Permit: _____ <input type="checkbox"/>               |
| 4. Renewal –Waiver of Application Firearm Safety & Training Course..... <input type="checkbox"/>                      | Permit Number: _____   |
| 5. Attachment(s) (specify): _____ <input type="checkbox"/>  | 11. Date denied Permit: _____ <input type="checkbox"/>               |
| 6. Temporary documentation ..... <input type="checkbox"/>   | 12. Date submitted to SBI: _____ <input type="checkbox"/>            |
| 7. Other: _____ <input type="checkbox"/>  | 13. NICS Transaction Number (NTN):<br>_____ <input type="checkbox"/> |

Signature of Sheriff: \_\_\_\_\_

Original – Sheriff / Copy – SBI / Copy – Applicant



# Cherokee County Sheriff's Office

577 Regal Street  
Murphy, NC 28906  
Phone: 828-837-2589



## Address History

**NAME** \_\_\_\_\_

**BEGINNING WITH YOUR CURRENT ADDRESS LIST ALL ADDRESSES FOR THE PAST 10 YEARS**

ADDRESS	CITY/STATE/ZIP/COUNTY	YEARS AT ADDRESS	
		FROM	TO

*Please put any additional information on the back of this page.*

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



**STATE OF NORTH CAROLINA****RELEASE OF PHYSICAL AND MENTAL HEALTH,  
SUBSTANCE ABUSE AND CONFIDENTIAL COURT  
RECORDS FOR CONCEALED HANDGUN PERMIT**

\_\_\_\_\_ County

*Name And Address Of Applicant**Date Of Birth**Social Security No.**State Drivers License No. (State Identification No. If No Drivers License)**State*

I hereby authorize and require any and all doctors, hospitals or other providers who have ever provided physical or mental health or substance abuse treatment or care to me, including without limitation the providers named below, to release to the sheriff of the above named county any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that the sheriff may reasonably request in connection with my application for a concealed handgun permit. The purpose of the release is to enable the sheriff to determine my qualification and competence to handle a handgun. I understand that alcohol and substance abuse information is protected by federal regulations and that other confidential records such as psychiatric information may be protected by North Carolina statute. Accordingly, I specifically authorize the release of any and all alcohol, substance abuse and psychiatric information that may be documented in my records.

I understand that further disclosure or redisclosure by the sheriff of any information disclosed to the sheriff pursuant to this Release is prohibited without my further written consent unless otherwise provided for by state or federal law. I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on this Release. Even without my express revocation, this Release will expire upon the satisfaction of the request or one year from the date below, whichever occurs first.

Name Of Provider	Address Of Provider
Primary Care Clinic/Dr.	

I also request and authorize any and all clerks of superior court of North Carolina to inform the sheriff of this County whether or not the clerk's records contain the record of any involuntary commitment proceeding under Article 5 of Chapter 122C of the General Statutes in which I have been named as a respondent and, if so, to reveal to the sheriff any confidential information in the court files or records of each such proceeding that the sheriff may reasonably require in order to determine whether or not to issue a concealed handgun permit to me. This Release may be treated as a motion in the cause within the meaning of G.S. 122C-54(d) and a clerk may reveal information to the sheriff pursuant to any specific or standing order entered in response to or anticipation of this motion.

Any expenses relating to the search, production, copying and certification of a medical or court record pursuant to this Release shall be my responsibility. I authorize the sheriff to photocopy this Release after I sign it, and I authorize any provider to whom a photocopy of this Release is presented to rely on the photocopy as being as effective as the original.

**SWORN AND SUBSCRIBED TO BEFORE ME***Date**Date**Signature Of Person Authorized To Administer Oaths**Signature Of Applicant**Title**Date Commission Expires***SEAL**

## THE DO'S AND DON'TS OF CARRYING A CONCEALED HANDGUN

1. Your permit to carry a concealed handgun **must** be carried along with valid identification whenever the handgun is being carried concealed.
2. When approached or addressed by any officer, you **must** disclose the fact that you have a valid concealed handgun permit and inform the officer that you are in possession of a concealed handgun. You should **not** attempt to draw or display either your weapon or your permit to the officer unless and until he/she directs you to do so. Your hands are to be kept in plain view and you are not to make any sudden movements.
3. At the request of any law enforcement officer, you **must** display both the permit and valid identification.
4. You **may not**, with or without a permit, carry a concealed weapon while consuming alcohol or while alcohol or any substance, controlled or otherwise, is in your blood unless the substance was obtained legally and taken in therapeutically appropriate amounts.
5. You **must** notify the Sheriff who issued the permit of any address change within thirty (30) days of the change of address.
6. If a permit is lost or destroyed, you **must** notify the sheriff who issued the permit and you may receive a duplicate permit by submitting a notarized statement to that effect along with the required fee. Do **not** carry a handgun without it.
7. Even with a permit, you may **not** carry a concealed handgun in the following areas:
  - a) Any law enforcement or correctional facility;
  - b) Any space occupied by state or federal employees;
  - c) Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
  - d) Educational property;
  - e) Areas of assemblies, parades, funerals, or demonstrations;
  - f) State occupied property;
  - g) Any state or federal courthouse;
  - h) Any area prohibited by federal law;
  - i) Any local government building if the local government had adopted an ordinance and posted signs prohibiting the carrying of concealed weapons.
8. If you are in a vehicle and stopped by a law enforcement officer, you should put both hands on the steering wheel, announce you are in possession of a concealed handgun and state where you have it concealed, and that you are in possession of a permit. Do **not** remove your hands from the wheel until instructed to do so by the officer.

I, \_\_\_\_\_, have read and understand the Do's and Don'ts of carrying a concealed handgun, and the Disqualifying Criminal Offenses pursuant to N.C. General Statute § 14-415.12 (b)(8).

**Signature** \_\_\_\_\_, **Date** \_\_\_\_\_

**Witness:** \_\_\_\_\_, **Date** \_\_\_\_\_

## GROUNDS FOR DENIAL

The Sheriff must deny a permit to any applicant whom:

- Is ineligible to own, possess, or receive a firearm under the provisions of state or federal law;
- Is under indictment or against whom a finding of probably cause exists for a felony;
- Has been adjudicated guilty in any court of a felony;
- Is a fugitive from justice;
- Is an unlawful user of, or addicted to marijuana, alcohol, or any depressant, stimulant, or narcotic drug, or any other controlled substance;
- Is currently, or has been previously adjudicated or administratively determine to be, lacking mental capacity or mentally ill;
- Is or has been discharged from the armed services under conditions other than honorable;
- Is or has been adjudicated guilty of or received a prayer for judgment continued or suspended sentence for one or more crimes of violence constituting a misdemeanor, including but not limited to, violation of a misdemeanor under Article 8 of Chapter 14 of the General Statutes, or a violation of one of the following N.C.G.S:
  - Harassment of and communication with jurors (14-225.2)
  - Violating orders of court (14-226.1)
  - Furnishing poison, controlled substances, deadly weapons, cartridges, ammunition or alcoholic beverages to inmates of charitable, mental or penal institutions or local confinement facilities (14-258.1)
  - Weapons on campus or other educational property (14-269.2)
  - Carrying weapons into assemblies and establishments where alcoholic beverages are sold and consumed (14-269.3)
  - Weapons on state property and courthouses (14-269.4)
  - Possession and sale of spring-loaded projectile knives (14-269.6)
  - Impersonation of fireman, emergency medical services personnel, law-enforcement, or other public officers (14-276.1 and 14-277)
  - Communicating threats (14-277.1)
  - Weapons at parades and other public gatherings (14-277.2)
  - Stalking (14-277.3)
  - Throwing or dropping of objects at sporting events (14-281.1)
  - Exploding dynamite cartridges and bombs(14-283)
  - Riot and inciting to riot (14-288.2)
  - Fighting or conduct creating a threat of imminent fighting or other violence (14-288.4(a)(1))
  - Making or using any utterance, gesture, display or abusive language which is intended and plainly likely to provoke violent retaliation and thereby create a breach of peace (14-288.4(a)(2))
  - Looting and trespassing during emergency (14-288.6)
  - Assault on emergency personnel (14-288.9)
  - Violation of city State of Emergency Ordinances (14-288.12)
  - Violation of county State of Emergency Ordinances (14-288.13)
  - Violation of State of Emergency Ordinances (14-288.14)
  - Child abuse (14-318.2)
  - Violations of the standards for carrying a concealed weapon (14-415.21(b))

Has had entry of a prayer for judgment continued for a criminal offense which would disqualify the person from obtaining a concealed handgun permit;

Is free on bond or personal recognizance pending trial, appeal or sentencing for a crime which would disqualify him from obtaining a concealed handgun permit;

Has been convicted of an impaired driving offense under N.C.G.S. 20-138.1, 20-138.1, 20-138.2 or 20-138.3 within 3 years prior to the date on which the application is submitted.

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Applicant Signature

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Date

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Witness Signature

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Date