

In accordance with the provisions of Title I, Gun Control Act of 1968, and the regulations issued thereunder (27 CFR Part 478), you are licensed to engage in the business specified in this license, within the limitations of Chapter 44, Title 18, United States Code, and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 478.51.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF Correspondence To	ATF - Chief, FFLC FFLC@atf.gov Martinsburg, WV 25405-9431	License Number	3-39-073-01-4J-13154
Chief, Federal Firearms Licensing Center (FFLC)	<i>Tracy Robertson</i>	Expiration Date	September 1, 2024

Name
CHECKPOINT CHARLIES **FILE COPY-NO FACE-TO-FACE TRANSFERS**

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)
**2210 RIVER FOREST LANE
 KRONENWETTER, WI 54455-**

Type of License
01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES

Purchasing Certification Statement
 The licensee named above shall use a copy of this license to assist a transferor of firearms to verify the identity and the licensed status of the licensee as provided by 27 CFR Part 478. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Firearms Licensee (FFL) or a responsible person of the FFL. I certify that this is a true copy of a license issued to the licensee named above to engage in the business specified above under "Type of License."

Mailing Address (Changes? Notify the FFLC of any changes.)
 PATRIOT FIREARMS LLC
 CHECKPOINT CHARLIES
 2210 RIVER FOREST LANE
 KRONENWETTER, WI 54455-

Gregory S Tesch
 Licensee Responsible Person Signature
 Gregory S Tesch
 Printed Name

Owner
 Position Title
 8-12-21
 Date

**FILE COPY
NO FACE-TO-FACE TRANSFERS**



(715)258-4867
checkpointcharlies@outlook.com
www.checkpointcharlies.com

Manufacturer: _____

Model: _____

Serial Number: _____

Customer Name: _____

Customer Phone: _____

Customer Email: _____