

Application to Make and Register a Firearm

ATF Control Number 2023314271

To: Bureau of Alcohol, Tobacco, Firearms and Explosives, P.O. Box 5015, Portland, OR 97208-5015, National Firearms Act Division (NFA)

(Submit in duplicate. Please do not staple documents. See instructions attached.)

As required by Sections 5821(b), 5822, and 5841 of the National Firearms Act, Title 26 U.S.C., Chapter 53, the undersigned hereby submits application to make and register the firearm described below.

2. Application is made by: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other Legal Entity <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity		3a. Trade Name (If any) GREENLAWN SPORTS	1. Type of Application (check one) <input type="checkbox"/> a. Tax Paid. Submit your tax payment of \$200 with the application. The tax may be paid by credit or debit card, check, or money order. Please complete item 20. Upon approval of the application, we will affix and cancel the required National Firearms Act Stamp. (See instruction 2.C and 3) <input type="checkbox"/> b. Tax Exempt. Firearm is being made on behalf of the United States, or any department, independent establishment, or agency thereof, or Tax Exempt. Firearm is being made by or on behalf of any State or possession of the United States, or any political subdivision thereof, or any official police organization of such a government entity engaged in criminal investigations. <input checked="" type="checkbox"/> c. Tax Exempt. Firearm is not subject to the making tax pursuant to Title 26 U.S.C. §§ 7801, 7805. To confirm the application qualifies for tax-free registration, ATF may require additional supporting documentation, such as photographs of the firearm to be registered.
3b. Applicant's Full Legal Name and Full Mailing Address (Type or print below) (See instruction 2.D) GREENLAWN SPORTS, LLC 1409 HILLTOP DRIVE WACO, TX 76710, UNITED STATES		3d. County/Parish MCLENNAN	
		3e. Telephone Number (512) 844-0434 3f. E-mail Address FFL@GREENLAWNSPORTS.COM	

3c. If P.O. Box is Shown Above, Street Address Must be Given Here

4. Description of Firearm (Complete items a through k) (See instruction 2.J)			
a. Name and Address of Original Manufacturer and/or Importer of Firearm (If any)	b. Type of Firearm to be Made (See definition 2.K) (If a destructive device, complete item 4.J)	c. Caliber or Gauge (Specify one)	d. Model (As marked on firearm)
PALMETTO STATE ARMORY, UNITED STATES	SHORT BARRELED RIFLE	5.56	LIBERTY-15
			e. Barrel Length 7.5
			f. Overall Length 27
			g. Serial Number ORDEATH3045

h. Additional Description (Indicate required Maker's Markings to include Maker's name as registered, City and State as each will appear on firearm)	i. Specify Why You Intend To Make Firearm (Use additional sheet if necessary) INVESTMENT AND OTHER LEGAL ACTIVITIES AND TO CHANGE FROM PISTOL TO SHORT BARREL RIFLE
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j. Type of Destructive Device (Check one box): Firearm Explosives (If the Explosives box is checked, complete item 5 and see instruction 2.M)
If an Explosive Type Destructive Device, Please provide additional description: _____

k. Is This Firearm Being Reactivated? Yes No (See definition 1.K)

5. Applicant's Federal Firearms License (If any) or Explosives License or Permit Number For Notification Purposes, per Regulation 479.62, Please Provide 15-Digit Number	6. Special (Occupational) Tax Status (SOT) (If applicable) (See definitions)	
574309015H10454	a. Employer Identification Number	b. Class
	455369455	

Under Penalties of Perjury, I declare that I have examined this application, including accompanying documents, and to the best of my knowledge and belief it is true, accurate and complete and the making and possession of the firearm described above would not constitute a violation of Title 18, U.S.C., Chapter 44, Title 26, U.S.C., Chapter 53; or any provisions of State or local law.

7. Signature of Applicant	8. Name and Title of Authorized Official	9. Date
DIGITALLY SIGNED	MICHAEL JACK POLK, OWNER	02/08/2023

The space below is for the use of the Bureau of Alcohol, Tobacco, Firearms and Explosives

By authority of the Director, Bureau of Alcohol, Tobacco, Firearms and Explosives, this Application has been Examined and the Applicant's Making and Registration of the Firearm described above is:

Approved (With the following conditions, if any) Disapproved (For the following reasons)

APPROVED WITH CONDITIONS - SEE CONDITIONS ON THE LAST PAGE OF PDF

Authorized ATF Official	Date
	03/14/2023

MAKER'S CERTIFICATION (not completed by a GOVERNMENT ENTITY)

10. Law Enforcement Notification (See instruction 2.H)

Each applicant is to provide notification of the proposed making and possession of the firearm described on this Form 1 by providing a copy of the completed form to the Chief Law Enforcement Officer (CLEO) in the agency identified below:

MCLENNAN COUNTY SHERIFF'S OFFICE
Agency or Department Name

PARNELL MCNAMARA, SHERIFF
Name and Title of Official

901 WASHINGTON AVENUE, WACO, TX, 76701, UNITED STATES

Address (Street address or P.O. Box, City, State and ZIP Code) to which sent (Mailed or delivered)

Information for the Chief Law Enforcement Officer

This form provides notification of the applicant's intent to make and register a NFA firearm. No action is required by the CLEO. However, should the CLEO have information that may disqualify this person from making or possessing a firearm, please contact the NFA Division at (304) 616-4500 or NFA@atf.gov.

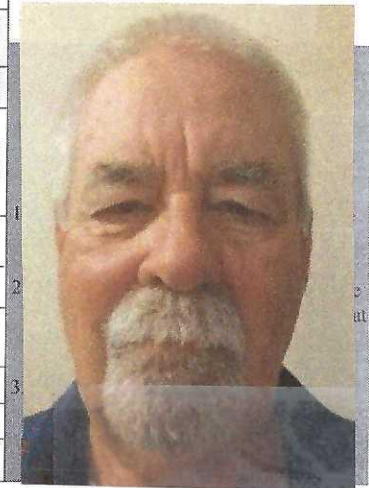
Maker's Questions (Complete only when the maker is an individual)

Answer the following questions by checking or marking either the "yes" or "no" box to the right of the questions.

11. Answer questions 11.a. through 11.m. Answer questions 13, 15, 16 and 17 if applicable. For any "Yes" answer the applicant shall provide details on a separate sheet. (See instruction 7.C and definitions)

	Yes	No
a. Do you intend to make any firearm listed on this form for sale or other disposition to any person described in questions 11.c through 11.l, or a person described in question 11.m who does not fall under an exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do you intend to sell or otherwise dispose of any firearm listed on this form in furtherance of any felony or other offense punishable by imprisonment for a term of more than one year, a Federal crime of terrorism, or a drug trafficking offense?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. 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 1.N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. 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 1.N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Are you a fugitive from justice? (See definition 1.T)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? (See definition 1.O and 1.P)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. 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 1.Q)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See definition 1.R)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Have you ever renounced your United States citizenship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l. Are you an alien illegally or unlawfully in the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. Photograph



m.1. Are you an alien who has been admitted to the United States under a nonimmigrant visa? Yes No

m.2. If "Yes", do you fall within any of the exceptions stated in the instructions? Attach the documentation to the application Yes No N/A

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

14. Have you been issued a Unique Personal Identification Number (UPIN)? (See instruction 2.F) Yes No If Yes please list _____

15. Social Security Number: (See instruction 2.F)
453-84-3060

Date of Birth:
07/02/1950

16a. Ethnicity Hispanic or Latino Not Hispanic or Latino

16b. Race American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander

17a. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.) (See definition 1.S)

United States of America (U.S.A.) Other Country/Countries (Specify): _____

17b. State of Birth
TX

17c. Country of Birth
UNITED STATES OF AMERICA, US

CERTIFICATION: Under penalties imposed by 18 U.S.C. § 924 and 26 U.S.C. § 5861, I certify that, upon submission of this form to ATF, a completed copy of this form will be directed to the CLEO shown in item 10, that the statements, as applicable, contained in this certification, and any attached documents in support thereof, are true and correct to the best of my knowledge and belief. NOTE: See instructions 2.D(2) and 2.D(3) for the items to be completed depending on the type of applicant.


Signature of Maker

11/05/2024
Date