



PERMIT TO DISCHARGE FIREARM PEST BIRD CONTROL

1. The holder of the permit must be 21 years of age or over and must be a resident of the City of Sikeston, Missouri. He/she must exhibit written proof of a hunters safety course taken and passed and/or a valid Missouri state hunting license
2. The holder of the permit understands and agrees that the issuance of this permit in no way relieves him/her of the civil and/or criminal liability for any action that may result from the improper use of the firearm.
3. The holder understands that the City of Sikeston, its agents, or employees, are not liable for any actions of the holder in regards to the use of the firearm or the issuance of this permit.
4. The holder agrees to carry the permit with him or her at all times while discharging a firearm and shall produce it upon demand by any enforcement officer.
5. The holder agrees and understands that this permit only allows for the **discharge** of a firearm while attempting to remove or alleviate birds of the general species of **starlings, blackbirds and other similar birds** when gathering in excessive numbers. This **is not** a permit to shoot at or kill birds.
6. The holder understands and agrees to use the utmost caution, while discharging a firearm, and to protect other person's property.
7. The holder understands and agrees that this permission to discharge a firearm shall occur only **for one (1) hour before and one (1) hour after sunset**. Discharging a firearm at any other time would be a violation of city ordinances and could result in arrest and prosecution.
8. The only firearm permitted is a shoulder mounted shotgun, not to exceed 12 gauge.
9. Pistols firing shotshells are prohibited.
10. Ammunition used to be #7/2 or #9 birdshot, low brass, no magnum loads permitted.
11. This permit shall be in effect for a period of thirty (30) days from the date of issuance.

12. This permit is subject to revocation for any violation of the above terms of the City of Sikeston ordinance Chapter 6.32

SIGNATURE: _____

DATE: _____

WITNESS: _____

PUBLIC SAFETY DEPARTMENT USE

NAME: _____

ADDRESS _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

RECORD CHECK: YES NO

HUNTERS SAFETY COURSE: YES NO

VALID MISSOURI STATE HUNTERS LICENSE: YES NO

PERMIT APPROVED DATE: _____

PERMIT DENIED DATE: _____

OFFICIAL: _____