

Ben

I hope this is all you needed. The letter said there was a copy of the permit with the letter and there was not. So I am hoping nothing else was missing.

I understand you requested a copy of my FFL application, I did not enclose as I do not have a copy. I sent the only copy to the ATF when I applied. There was no reason for me to keep a copy.

I have enclosed my FFL which should be on-file as I turned it in as I was asked to do when the permit was issued.

Should there be anything more you will need either before the meeting or for me to bring to the meeting please let me know.

Thank you for all your help

John A Myatt III  
262-409-5003



# Conditional Use - Request for Formal Review Town of Mukwonago

Version: August 29, 2024

Town of Mukwonago W320  
S8315 Beulah Road  
Mukwonago, WI 53149

**Overview:** Pursuant to Section 36-286 of the town zoning code, the conditions of approval of certain conditional use permits require a periodic review by the plan commission in order to determine conformance with the terms of the permit and its compatibility with the adjacent land uses. Failure to conduct such review shall not invalidate any subsequent review or any enforcement proceeding. If it is determined that the conditional use permit is no longer compatible, or that the provisions of the permit have not been complied with, the conditional use permit may be revoked or amended in accordance with the procedures set forth in Article 5 of the Town's zoning code.

**Governing regulations:** The procedures and standards governing the review of this application are found in Article 5 of the Town's zoning code (Chapter 36).

**General instructions:** Application materials should be submitted to the Town Clerk at the mailing address shown above. If you have any questions, do not hesitate to contact the Town Planner at (262) 204-2350 or via email at ben.greenberg@cedarcorp.com

**Additional Information Needed:** See page two for additional submittal requirements.

1. **Applicant and agent information** Include the names of the agent, if any, that helped prepare this application including the supplemental information. Examples include surveyors, engineers, landscape architects, architects, planners, and attorneys.

Property Owner	Agent
Name <u>John A Myatt III</u>	_____
Street address <u>569 W32697 WESTGATE DR</u>	_____
City, state, zip code <u>Mukwonago WI 53149</u>	_____
Daytime telephone <u>262-409-5003</u>	_____
Email address <u>JMYATT8768@gmail.com</u>	_____

1. Is the subject property currently in violation of the Town's zoning code?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
If yes please explain:		
2. Is the subject property in compliance with all terms and conditions of the conditional use permit.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
If no please explain:		

**2. Supplemental Information required.**

[13.12] Federal Firearms License

Submit the following:

- Copy of application for Federal Firearms license.
- Copy of federal firearms license.

[13.08] Commercial Truck Parking

Submit the following:

- Copy of application for CDL.
- Copy of CDL.

[13.07] Bus Parking

Submit the following:

- Copy of application for CDL.
- Copy of CDL.

**3. Applicant certification**

- I certify that all of the information in this application, along with any attachments, is true and correct to the best of my knowledge and belief.
- I understand that submission of this application authorizes town officials, Plan Commission members, Town Board members, employees, and other designated agents to enter the property to conduct whatever site investigations are necessary to review this application. This does not authorize any such individual to enter any building on the subject property, unless such inspection is specifically related to the review of this application and the property owner gives his or her permission to do so.
- I understand that this application and any written materials relating to this application will become a permanent public record and that by submitting this application I acknowledge that I have no right to confidentiality. Any person has the right to obtain copies of such written materials or view it online.
- I understand that the Town Planner will review this application to determine if it contains all of the required information. If he or she determines that the application is incomplete, it will not be scheduled for review until it is deemed to be complete.
- Pursuant to Section 2-2 and 2-3 of the Town of Mukwonago Municipal Code, the Town Board has determined that whenever the services of the Town Attorney, Town Engineer, Town Planner, or any other of the Town's professional staff results in a charge to the Town for that professional's time and services and such service is not a service supplied to the Town as a whole, the Town Clerk shall charge that service for the fees incurred by the Town to the property owner incurring those fees, even if the request is not approved. In addition, certain other fees, costs, and charges are the responsibility of the property owner even if the request is not approved. Imposition of any fees, costs, or charges; however, is subject to the property owner's appeal rights as described in the Town's Municipal Code.  
  
I have been advised that pursuant to the Town's Municipal Code, if the Town Attorney, Town Engineer, Town Planner, or any other Town professional provides services to the Town because of my activities, whether at my request or at the request of the Town, I shall be responsible for the fees incurred by the Town, even if the request is not approved. In addition, I have been advised that pursuant to said Municipal Code of the Town of Mukwonago, certain other fees, costs, and charges are my responsibility even if the request is not approved. By signing this application; however, I am not waiving my appeal rights that are described in the Town's Municipal Code.



Property Owner Signature(s):

1-9-2025

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 1-866-662-2750	License Number	<b>3-39-133-07-7G-19842</b>
Chief, Federal Firearms Licensing Center (FFLC)	<i>Tracy Robertson</i>	Expiration Date	<b>July 1, 2027</b>

Name  
**SECOND AMENDMENT ARMAMENT LLC**

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)  
**S69W32697 WESTGATE DR  
MUKWONAGO, WI 53149-**

Type of License  
**07-MANUFACTURER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES**

**Purchasing Certification Statement**

**Mailing Address (Changes? Notify the FFLC of any changes.)**

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."

**SECOND AMENDMENT ARMAMENT LLC  
S69W32697 WESTGATE DR  
MUKWONAGO, WI 53149-**

Licensee/Responsible Person Signature: *John A. Myatt III*  
Position/Title: *President*  
Date: *1-9-2025*  
Printed Name: **John A. Myatt III**

- ATF Form 8 (5310-11)  
Revised September 2023

Previous Edition is Obsolete **SECOND AMENDMENT ARMAMENT LLC WESTGATE DR 53149-29 39-133-07-7G-19842 July 1, 2027 07-MANUFACTURER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES**

**Federal Firearms License (FFL) Customer Service Information**

Federal Firearms Licensing Center (FFLC) 244 Needy Road Martinsburg, WV 25405-9431  
Toll-free Telephone Number: (866) 662-2750  
Toll-free Fax Number: (866) 257-2749  
E-mail: FFLC@atf.gov  
ATF Homepage: www.atf.gov  
FFL eZ Check: filezcheck.atf.gov/FFLEzCheck

**Change of Address (27 CFR 478.52).** Licensees may during the term of their current license remove their business or activity to a new location at which they intend regularly to carry on such business or activity by filing an Application for an Amended Federal Firearms License, ATF Form 5300.38, in duplicate, not less than 30 days prior to such removal with the Chief, Federal Firearms Licensing Center. The application must be executed under the penalties of perjury and penalties imposed by 18 U.S.C. 924. The application shall be accompanied by the licensee's original license. The license will be valid for the remainder of the term of the original license. (The Chief, FFLC, shall, if the applicant is not qualified, refer the application for amended license to the Director of Industry Operations for denial in accordance with § 478.71.)

**Right of Succession (27 CFR 478.56).** (a) Certain persons other than the licensee may secure the right to carry on the same firearms or ammunition business at the same address shown on, and for the remainder of the term of, a current license. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business shall furnish the license for that business for endorsement of such succession to the Chief, FFLC, within 30 days from the date on which the successor begins to carry on the business.

(Continued on reverse side)

Cut Here ✂

**Federal Firearms License (FFL) Information Card**

License Name: **SECOND AMENDMENT ARMAMENT LLC**

Business Name:

License Number: **3-39-133-07-7G-19842**

License Type: **07-MANUFACTURER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES**

Expiration: **July 1, 2027**

Please Note: Not Valid for the Sale or Other Disposition of Firearms.

**FFL Newsletter - Electronic Version Available**

Sign-Up Today!

FFLs interested in receiving the electronic version of the FFL Newsletter, along with occasional additional information, should submit name, FFL number, and e-mail address to: FIPB@atf.gov.

The electronic FFL Newsletter will enable ATF to communicate information to licensees on a periodic basis.