

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  
**5-84-005-01-5J-09804**

Chief, Federal Firearms Licensing Center (FFLC)  
*Tracy Robertson*

Expiration Date  
**September 1, 2025**

Name  
SKYLINE FIREARMS DISTRIBUTION

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)  
**15073 E BAILS PL  
AURORA, CO 80012-**

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."

**MAX EDWIN SCHLOSSER**  
OWNER  
720.505.3545  
CALL/TEXT  
INFO.SKYLINEFIREARMS@GMAIL.COM  
SKYLINEFIREARMS.COM



VETERAN OWNED & OPERATED

SCHLOSSER, MAX EDWIN  
SKYLINE FIREARMS DISTRIBUTION  
15073 E BAILS PL  
AURORA, CO 80012-

Licensee/Responsible Person Signature  
*Max Schlosser*  
Printed Name  
**MAX SCHLOSSER**

OWNER  
Position/Title  
8.6.2022  
Date

ATF Form 8 (5310.11)

2025 Special Tax Stamp

OMB No. 1140-0090 (05/31/2017)

Name and Principal Business Address  
SCHLOSSER, MAX EDWIN  
SKYLINE FIREARMS DISTRIBUTION  
15073 E BAILS PL  
AURORA, CO 80012-

Actual Physical Business Address (See Number 2 below)  
SCHLOSSER, MAX EDWIN  
SKYLINE FIREARMS DISTRIBUTION  
15073 E BAILS PL  
AURORA, CO 80012

Tax Statement (Annual Tax Rate)	500.00
Initial Tax. . . . \$	500.00
Additions. . . . \$	0.00
Total Tax PAID.\$	500.00

**TAX  
2025  
YEAR**

**NO  
FACE TO  
FACE**

THIS IS NOT A BILL.  
DO NOT PAY THE AMOUNT NOTED.

Type of Operation Conducted  
(63) NFA FIREARMS DEALER

Number of Locations  
1 OF 1

This is a receipt of payment of Special (Occupational) Tax (SOT) under the National Firearms Act. (27 CFR 479.36)

If You Have Any Questions, Refer To The Information Below

Date of This Receipt  
**MAY 29, 2024**

Dates of Special Tax Period  
**07/01/2024 TO 06/30/2025**

Employer Identification Number  
**84-2360888**

Control Number  
**2024109-N70-568**

If you have any questions, you may contact the Bureau of Alcohol, Tobacco, Firearms and Explosives as follows:

SCHLOSSER, MAX EDWIN 84-2360888