Assignment and Report

1. OPERATING NAME AND (INCLUDE ZIP CODE AND				2. U.I. NUMBER	(ORG. SEG. CODE, ASSIGNME 773030-2016-0529-B	•
BINKLEY, BRIAN THO	OMAS & BI	NKLEY, CARL	.THOMAS	1	NSE NUMBER 4a. TARGET D.	ATE 4b. TARGET HOURS
ALLEN COUNTY FIRI 3940 EAST BLUELICI					17D03220 9/1/2016 BY (SIGNATURE, TITLE AND D	
LIMA,OH 45801, ALLE	ΞN			0. KE&8E81EB	br (ordiverset, firee /inb b)	<i></i>
6. ATF OFFICER(S) ASSIGN	IED					
	ad Investiga					
7. ASSIGNED BY (SIGNATU		,				
(b)(6)	, Area	Supervisor, 05	5/02/2016			
8. PURPOSE/SPECIAL INST	TRUCTIONS					
	CLEVELA	ND GROUP III	DOMAIN ASSE		01 LICENSEE. REFER TO I SPECTION MUST BE COMF	
9. INSPECTION RESULTS	CHE	CK IF NO VIOL	ATIONS, ADJUST	MENTS, ETC	10. TRAVEL EXPENSE	S (OPTIONAL)
NO. OF VIOLATIONS	6	NO. OF REFE	RRALS	, in the second	2111 - PER DIEM	
NO. OF TECS CHECKS	2	NO. OF TECS	HITS		2112 - P.O.A.	
NO. OF TAX		\$ VALUE OF T	AX INCREASES		2113 - COMM. AIR	
ADJUSTMENTS		\$ VALUE OF T	AX DECREASES		2114 - RENTAL CAR	
NO. OF ASSESSMENTS		\$ VALUE OF A	SSESSMENTS		2115 - GPV EXPENSES	
NO. OF CLAIMS		\$ VALUE OF C	LAIMS		2116 - MISC.	
NO. OF TAX PERIODS		\$ VALUE OF T	AXES VERIFIED		TOTAL \$ FOR INSP.	
11. ATF OFFICER'S RECOM Submitted by (b)(6) Submitted on: 07/26/20 Violations, Warning Let Viols WL ONLY and	- Industry 116 ter Only ar	Operations In	-	Warning Conferenc	e.	
				OUNTING DATA		
ATF OFFICER'S NAME (MC			o)(6)			
MAY 2		1.00				
JUN 2 JUL 2		28.00 4.00				
ATF OFFICER'S SUBTOTAL		33.00	ATF OFFICER'S	SIGNATURE		
TOTAL HOURS		33.00				
			13. REVIEW	AND ROUTING		
REVIEW COMMENTS AND	RECOMME	NOITADN				
On July 26, 2016, A/ Recall in lieu of a W	S <mark>(b) (6)</mark> C. On this da				ırred with the alternate recommer final recommendation.	dation of a WL and
Viols WL ONLY and	Recall Inspe	ection				
∑ RE	EVIEWED	∑ con	ICUR 🔀	SEE COMMENTS	FINAL DISPOSITION	
SIGNATURE AND TITLE (b)(6) - Area S	Supervisor				REVIEW DATE 07/26	/2016

Bureau of Alcohol, Tobacco, Firearms and Explosives

Assignment and Report

1. OPERATING NAME AND ADDRESS		2	2. U.I. NUMBER (C	RG. SEG. CO	DE, ASSIGNMENT	NO., P.P.C.)				
(INCLUDE ZIP CODE AND COUNTY)				773030	773030-2016-0529-B1B					
BINKLEY, BRIAN THOMAS & BINK	TEY CARL THOMAS	SE NUMBER	4a. TARGET DATE	4b. TARGET HOURS						
ALLEN COUNTY FIREARMS	221, 0/11/21/10/1//	434003017								
3940 EAST BLUELICK ROAD		-			E, TITLE AND DATE)				
LIMA,OH 45801, ALLEN		`	. NEQUEUTED D	1 (SIGNATORI	L, IIILL AND DAIL	,				
,,										
	13. RE	EVIEW AND I	ROUTING							
REVIEW COMMENTS AND RECOMMENDA	ATION									
Viols WL ONLY and Recall Inspecti	on									
Tiolo TTE OTTET dila Trodali illopodi.										
X REVIEWED	CONCUR	SEE	COMMENTS		DISPOSITION					
SIGNATURE AND TITLE				REVIEW	DATE					
JALEDOUX - Director Industry Opera	ations				07/26/20 ⁻	16				
ROUTING SEQUENCE AND DATE										
1										
2 .		CONTRO	L FILE POSTED DATE							
			CONTRO	LILLFOSIE	.D DAIL					

Instructions

Please write firmly with a ball point pen when completing this form. ATF officers will prepare this form in triplicate. The original copy will be given to the proprietor or a responsible representative. The remaining copies will be submitted with the completed inspection report. Supervisors will detach one copy from the completed report for their files.

Name of Proprietor BINKLEY, BRIAN THOMAS & BINKLEY, CARL THOMAS ALLEN COUNTY FIREARMS	Street Address 3940 EAST BLUELIO	CK ROAD	City LIMA		State OH	Zip Code 45801-	County ALLEN	Page 1 of 8 Pages
License/Permit/Registry Number (If any) 434003017D03220		Expiration Date 4/1/2017		Date(s) or Period of Inspection 06/06/2016 through 06/06/2016				

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number: 1

Nature of Violation:

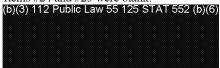
Or out of 34 ATF Forms 4473 reviewed, the licensee failed to properly complete the form as follows:

Date Corrections to be Made: 06/07/2016

(If not corrected immediately)

Corrective Action to be Taken: The licensee shall ensure the ATF Form 4473 is fully and (If not corrected immediately) accurately completed prior to the transfer of any firearm.

Items #24 and #25 were blank:



Items #30, 30a, 30b, 31, 32, 33 and 35 were blank:



Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

Instructions

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License/Permit/Registry Number (If any) 434003017D03220		·		1	Date(s) or Period of Inspection 06/06/2016 through 06/06/2016			

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

(b)(3) 112 Public Law 55 125 STAT 552 (b)(6)

Citation: 27 CFR 478.21(a)

Number: 2

Nature of Violation:

On one out of ATF Forms 4473 reviewed, the licensee failed to properly complete the form as follows:

Item #17 was blank

Citation: 27 CFR 478.124(c)(1)

Number: 3

Nature of Violation:

out of 34 ATF Forms 4473, the licensee failed to properly complete the form as follows:

Item #21a was blank (b)(3) 112 Public Law 55 125 STAT 552 (b)(6

Date Corrections to be Made: (If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: The licensee shall ensure the ATF Form 4473 is fully and accurately completed prior to the transfer of any firearm.

Date Corrections to be Made:

(If not corrected immediately)

Corrective Action to be Taken: The licensee shall ensure the ATF Form 4473 is fully and accurately completed prior to the transfer of any firearm. (If not corrected immediately)

Instructions

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License/Permit/Registry Number (If any) 434003017D03220		Expiration Date 4/1/2017		Date(s) or Period of Inspection 06/06/2016 through 06/06/2016				

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Citation: 27 CFR 478.124(c)(3)(iv)

Number: 4

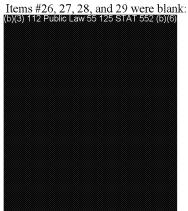
Nature of Violation:

On out of 34 ATF Forms 4473 reviewed, the licensee failed to properly complete the form as follows:

Date Corrections to be Made: 06/07/2016

(If not corrected immediately)

Corrective Action to be Taken: The licensee shall ensure the ATF Form 4473 is fully and accurately completed prior to the transfer of any firearm. (If not corrected immediately)



Citation: 27 CFR 478.124(c)(4)

Instructions

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Name of Proprietor BINKLEY, BRIAN THOMAS & BINKLEY, CARL THOMAS ALLEN COUNTY FIREARMS	Street Address 3940 EAST BLUELICK ROAD		*		State OH	Zip Code 45801-	County ALLEN	Page 4 of 8 Pages
License/Permit/Registry Number (If any) 434003017D03220				Date(s) or Period of Inspection 06/06/2016 through 06/06/2016				

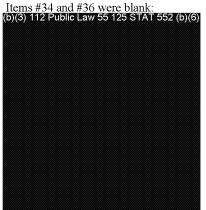
Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number: 5

Nature of Violation:

On out of 34 ATF Forms 4473 reviewed, the licensee failed to properly complete the form as follows:



Citation: 27 CFR 478.124(c)(5)

06/07/2016 **Date Corrections to be Made:**

(If not corrected immediately)

Corrective Action to be Taken: The licensee shall ensure the ATF Form 4473 is fully and accurately completed prior to the transfer of any firearm. (If not corrected immediately)

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

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Name of Proprietor BINKLEY, BRIAN THOMAS & BINKLEY, CARL THOMAS ALLEN COUNTY FIREARMS	Street Address 3940 EAST BLUELICK ROAD		·		State OH	Zip Code 45801-	County ALLEN	Page 5 of 8 Pages
License/Permit/Registry Number (If any) 434003017D03220		Expiration Date 4/1/2017		Date(s) or Period of Inspection 06/06/2016 through 06/06/2016				

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Instructions

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Name of Proprietor BINKLEY, BRIAN THOMAS & BINKLEY, CARL THOMAS ALLEN COUNTY FIREARMS	Street Address 3940 EAST BLUELICK ROAD		·		State OH	Zip Code 45801-	County ALLEN	Page 6 of 8 Pages
License/Permit/Registry Number (If any) 434003017D03220		Expiration Date 4/1/2017		Date(s) or Period of Inspection 06/06/2016 through 06/06/2016				

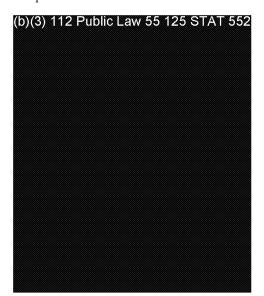
Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

Number: 6

Nature of Violation:

Or occasions, the licensee failed to record the acquisition of firearms in the Acquisition & Disposition records as follows:



Date Corrections to be Made: (If not corrected immediately)

(If not corrected immediately)

06/07/2016

Corrective Action to be Taken: The licensee shall record the type, model, caliber or gauge and serial number for each firearm acquired and the date and acquisition information not later than the close of the next business day following the date of purchase or acquisition.

> The sale or other disposition of a firearm shall be recorded by the licensed dealer not later than 7 days following the date of such transaction. The licensee shall ensure that all acquisition and disposition information is timely and accurately recorded in the Acquisition and Disposition record.

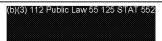
Instructions

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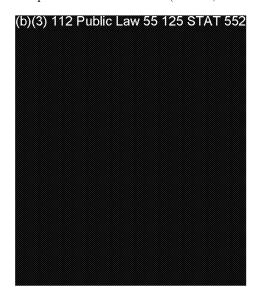
Name of Proprietor BINKLEY, BRIAN THOMAS & BINKLEY, CARL THOMAS ALLEN COUNTY FIREARMS	Street Address 3940 EAST BLUELIO	CK ROAD	City LIMA		State OH	Zip Code 45801-	County ALLEN	Page 7 of 8 Pages
License/Permit/Registry Number (If any) 434003017D03220		Expiration Date 4/1/2017		Date(s) or Period of Inspection 06/06/2016 through 06/06/2016				

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:



On occasions, the licensee failed to record the disposition of firearms in the Acquisition & Disposition records as follows (W.S. #1, Exhibit #13 and ROV #7):



Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

Please write firmly with a ball point pen when con representative. The remaining copies will be subm	npleting this form. ATF itted with the complete	officers will prepare	tructions this form in triplic upervisors will det	ate. The or tach one co	riginal co ppy from	py will be given the completed re	to the proprietor or a report for their files.	responsible	
Name of Proprietor BINKLEY, BRIAN THOMAS & BINKLEY, CARL THOMAS ALLEN COUNTY FIREARMS	Street Address 3940 EAST BLUELICK ROAD		"		State OH	Zip Code 45801-	County ALLEN	Page 8 8 Page	
License/Permit/Registry Number (If any) 434003017D03220	Expiration Date 4/1/2017			Date(s) of 06/06/20					
		Inspec	ction Results	dominio					
An examination of your premises, records and oper (b)(3) 112 Public Law 55 125 STAT 552	rations has disclosed th			explained t	to you:				
Citation: 27 CFR 478.125(e)									
I Have Received a Copy of This Report of Violations	(Proprietor's signat	ure and title)						Date	
Signature and Title of ATF Officer								Date	



Bureau of Alcohol, Tobacco, Firearms and Explosives 5005 Rockside Road, Suite 700 Independence, OH 44131

> 773030 (b)(6) 5440

July 26, 2016

Certified Mail - Return Receipt Requested

BINKLEY, BRIAN THOMAS & BINKLEY, CARL THOMAS ALLEN COUNTY FIREARMS 3940 EAST BLUELICK ROAD LIMA, OH 45801-

RE: 434003017D03220

Dear Mr. Brian Thomas Binkley & Mr. Carl Thomas Binkley:

During a recent inspection at your firearms business covering the period 06/06/2015 to 06/06/2016 you were cited for violations of Title 27, Code of Federal Regulations, Part 478. A copy of the Report of Violations, ATF F 5030.5, issued at the time of the inspection is enclosed.

All violations were fully explained to you or your designated responsible person by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) Industry Operations Investigator. You or your responsible person indicated that you understood the requirements of the firearms laws and regulations and that corrective actions would be taken to eliminate future violations.

The records you are required to maintain and the business operations you conduct are important to law enforcement in our continuing efforts to reduce violent crime and protect the public. It is essential that you comply with all Federal laws and regulations that govern your firearms business. This is critical to carrying out our mission to protect the public and to ensure that criminals do not gain access to firearms. ATF appreciates the efforts you and other industry members make in this area. We look forward to continuing to work with you in that regard.

You are reminded that retention of your Federal firearms license is conditioned upon your compliance with Federal laws and regulations. Any future violations, either repeat or otherwise, could be viewed as willful and may result in the revocation of your license. Please ensure that future compliance is achieved.

BINKLEY, BRIAN THOMAS & BINKLEY, CARL THOMAS

Should you have any questions regarding this matter, please contact (b)(6), Industry Operations Investigator at (b)(6)



Enclosure

cc: Federal Firearms Licensing Center Cleveland III (IO) Field Office