Bureau of Alcohol, Tobacco, Firearms and Explosives

Assignment and Report

1. OPERATING NAME AND A				2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.)				
(INCLUDE ZIP CODE AND COUNTY)				782110-2017-0254-B1B 3. PERMIT/LICENSE NUMBER 4a. TARGET DATE 4b. TARGET HOURS				
M G INC M-G FARM SERVICE CENTER				574089079		TIE 40. IARGET HOURS		
201 E POST OFFICE ST				5. REQUESTED E	BY (SIGNATURE, TITLE AND DA	ATE)		
WEIMAR,TX 78962, CO	JLORADO	5						
6. ATF OFFICER(S) ASSIGNE (b)(6)	ED · Lead Inv	estinator						
7. ASSIGNED BY (SIGNATUR								
		ervisor, 03/07/2	017					
,								
8. PURPOSE/SPECIAL INSTE	RUCTIONS	}						
9. INSPECTION RESULTS	CHE	CK IF NO VIOLA	ATIONS, ADJUSTM	ENTS, ETC	10. TRAVEL EXPENSES	S (OPTIONAL)		
NO. OF VIOLATIONS	3	NO. OF REFER			2111 - PER DIEM			
NO. OF TECS CHECKS	4	NO. OF TECS	HITS		2112 - P.O.A.			
NO. OF TAX		<u> </u>	AX INCREASES		2113 - COMM. AIR			
ADJUSTMENTS		<u> </u>	AX DECREASES		2114 - RENTAL CAR			
NO. OF ASSESSMENTS		\$ VALUE OF A			2115 - GPV EXPENSES			
NO. OF CLAIMS		\$ VALUE OF C			2116 - MISC.			
NO. OF TAX PERIODS 11. ATF OFFICER'S RECOMM		<u>L'</u>	AXES VERIFIED		TOTAL \$ FOR INSP.			
Submitted by (b)(6) Submitted on: 04/17/201 Viols WL ONLY and	7	try Operations	mvesugatoi					
ATF OFFICER'S NAME (MON	VEAE	HOURS 7	12. TIME ACCOU	INTING DATA				
MAR 20		24.25)(6)					
APR 2017 26.00								
ATF OFFICER'S SUBTOTAL		50.25	ATF OFFICER'S SI	IGNATURE				
				<i></i>		·		
TOTAL HOURS		50.25						
DEVIEW COMMENTS AND D		NDATION	13. REVIEW AN	ID ROUTING				
REVIEW COMMENTS AND R Viols WL ONLY and I								
VIOIS VVE OIVET UNU I	No recount	пореологі						
\$7% DE\	(IEVA/ED	577.0	/1 \ //	-NEC	N FINAL DIODOGITION			
SIGNATURE AND TITLE	VIEWED	— ⊠c		ENIS —	FINAL DISPOSITION REVIEW DATE			
SIGNATURE AND TITLE (b)(6) - Area Supervisor			$\mathcal{D} \mathcal{M}$		04/25/	2017		
ROUTING SEQUENCE AND I			\					
1.								
2.				CONTRO	DL FILE POSTED DATE			
3.				22				
4 July 9 2018 Dod	cument Pro	oduction		192				

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

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

M G INC FARM SERVICE CENTER Street Address

201 E POST OFFICE ST

City WEIMAR State TX

Zip Code 78962-

Corrective Action to be Taken: Preventative measures were discussed with the licensee. In

a firearm.

County COLORADO

Page 1 of 2 Pages

License/Permit/Registry Number (If any)

574089079H03161

Expiration Date

9/24/1980

Date(s) or Period of Inspection

03/21/2017 through 03/24/2017

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:

Failure to obtain and/or furnish all information required in each ATF Form 4473 as indicated by the headings on the form and the instructions on or pertaining to it on the instructions or or pertaining to it on the instruction of the instruction of

(b)(3), Public Law 112-55, 125 Stat 552

Citation: 27 CFR 478.21(a)

Number: 2

Nature of Violation:

Failure to obtain a properly completed ATF Form 4473, Section A, prior to making an over-the-counter transfer of a firearm to a non-licensee on

Date Corrections to be Made:

(If not corrected immediately)

Date Corrections to be Made:

(If not corrected immediately)

(If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: Preventative measures were discussed with the licensee. In the future the licensee will ensure the ATF Form 4473 is properly completed prior to the transfer of a firearm.

the future the licensee will ensure all information required

for each ATF Form 4473 is obtained prior to the transfer of

(3) - Public Law 112-55 (125 Stat. 552), (b) (6)

Citation: 27 CFR 478.124(c)(1)

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

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Name of Proprietor M G INC FARM SERVICE CENTER	Street Address 201 E POST OFFIC	EE ST	City WEIMAR	- 1	State TX	Zip Code 78962-	COLORADO	Page 2 of 2 Pages
License/Permit/Registry Number (If any) 574089079H03161		Expiration Date 9/24/1980				of Inspection agh 03/24/2017	J4;	and Miles

Inspection Results

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

Number: 3

Nature of Violation:

Failure to contact NICS or obtain a valid exception to NICS prior to transferring a firearm to a non-licensee on

(b) (3) - Public Law 112-55 (125 Stat. 552), (b) (6)

Citation: 27 CFR 478.102(a)

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

Corrective Action to be Taken: Preventative measures were discussed with the licensee. In the future the licensee will contact NICS or obtain a valid (If not corrected immediately) exception to NICS prior to the transfer of a firearm.

prietor's signature and title) Date IOI



Bureau of Alcohol, Tobacco, Firearms and Explosives

McAllen II Field Office

APR 2 5 2017

McAllen, TX 78504

www.atf.gov

CERTIFIED MAIL- RETURN RECEIPT REQUESTED

782110: EDS 1000

M-G Inc. d/b/a M-G Farm Service Center 201 E. Post Office St. Weimar, TX 78962

REF: 5-74-089-01-9H-03161

Dear Mr. Kloesel:

During a recent compliance inspection at your firearms business covering the period of March 21, 2016 to March 21, 2017 you were cited for violations of 27 Code of Federal Regulations, Part 48. A copy of the Report of Violations, Form 5030.5, issued at the time of the inspection is enclosed.

All violations were fully explained to you by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) IO Investigator(s). You indicated that you understood the requirements of the firearms laws and regulations. You further indicated 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 effort 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 ensure that criminals do not gain access to firearms. ATF appreciates the efforts you and other industry members make in this area, and 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.

M-G Inc.

Should you have any questions regarding this matter, please contact (b)(6)

Area Supervisor at (b)(6)



Enclosure

c: National Firearms Licensing Center McAllen II Area Office

Report of Violations

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State Zip Code County Street Address City Name of Proprietor WEIMAR TX 78962-COLORADO MGINC 201 E POST OFFICE ST FARM SERVICE CENTER

License/Permit/Registry Number (If any) 574089079H03161

Expiration Date

Date(s) or Period of Inspection

03/21/2017 through 03/24/2017

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:

Failure to obtain and/or furnish all information required in each ATF Form 4473 as indicated by the headings on the form and the instructions on or pertaining to it on

(b)(3),Public Law 112-55, 125 Stat 552, (b)(6)

Citation: 27 CFR 478.21(a)

Number: 2

Nature of Violation:

Failure to obtain a properly completed ATF Form 4473, Section A, prior to making an over-the-counter transfer of a firearm to a non-licensee on one forms:

Citation: 27 CFR 478.124(c)(1)

Date Corrections to be Made:

(If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: Preventative measures were discussed with the licensee. In the future the licensee will ensure all information required for each ATF Form 4473 is obtained prior to the transfer of

a firearm.

Date Corrections to be Made:

(If not corrected immediately)

(If not corrected immediately)

Corrective Action to be Taken: Preventative measures were discussed with the licensee. In the future the licensee will ensure the ATF Form 4473 is properly completed prior to the transfer of a firearm.

Page 1 of

2 Pages

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(b)(6)	prietor's signature and title) GOVERAL MUNICA	-lowed	3-24-17
(b)(6)	IOI	198	3-24-17