



FIREWORKS STAND PERMIT APPLICATION

Date: _____

Permit #: _____

APPLICANT INFORMATION

Company Name: _____ First/Last Name: _____

Mailing Address/City/State/Zip: _____

Phone: _____ Email: _____

PROPERTY INFORMATION

Owner Name: _____ Phone: _____

Email: _____

Property Address/Location: _____

Mailing Address: _____ City _____ State _____ Zip: _____

Signature of Applicant: _____ Date: _____

Printed Name: _____

CHECKLIST FOR FIREWORKS STAND PERMIT AND BUSINESS LICENSE

For Office Use Only	Date Received
_____ Business License Application (2 pages)	_____
_____ Copy of Retail Sales Tax License.	_____
_____ Detailed Site Plan. Date received.	_____
_____ Certificate of No Tax Due.	_____
_____ Copy of Bond or Certificate of Insurance of One Million Dollars.	_____
_____ Fireworks Permit issued by Fire Marshall	_____

Approved ___ Denied ___ Building Inspector Signature: _____

Approved ___ Denied ___ City Planner Signature: _____

Electric Meter Fee: _____ Permit Fee: \$ 100.00 Total Fees: _____