



FIREWORKS PERMIT

APPLICATION DATE _____

BUSINESS NAME _____

CONTACT PERSON(S) _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____

ADDRESS OF STAND _____ TENT DIMENSIONS _____

PLEASE SUBMIT A COPY OF YOUR INSURANCE POLICY WITH APPLICATION

NAME OF INSURANCE COMPANY _____ AMOUNT OF COVERAGE \$1,000,000

SIGNATURE _____ DATE _____

INSPECTIONS WILL BE DONE ON THE FIRST DAY OF SALES

FOR OFFICE USE ONLY:

PERMIT # _____ FEE AMOUNT _____