



## **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 \_\_\_\_\_