

CITY OF GARRETSON
SEASONAL FIREWORKS LICENSE APPLICATION

NAME OF APPLICANT:

ADDRESS OF APPLICANT:

APPLICANT PHONE NUMBER:

LOCATION OF FIREWORKS STAND:

APPLICANT SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER:

APPLICANT SALES TAX LICENSE NUMBER:

IS PROOF OF INURANCE COVERAGE ATTACHED:

IS WRITTEN PERMISSION FROM LAND OWNER OF FIREWOKS STAND LOCATION
ATTACHED:

APPLICANT SIGNATURE: _____ DATE: _____

COUNCIL ACTION:

Conditions _____

Approved _____

Denied _____

By: _____ Date: _____

Fee - \$10.00 Receipt Payment No. _____ Date: _____