



RETAIL FIREWORKS APPLICATION 1.4G

APPLICANT

NAME: _____

Address: _____ Zip: _____

Telephone: _____ Drivers License Number _____

BUSINESS: (FIREWORKS STAND)

OWNER NAME: _____

Stand Location and/or

Address: _____ Telephone: _____

Stand

Operator: _____ Telephone: _____

TEXAS FIREWORKS RETAIL PERMIT NUMBER: _____ (attach copy)

STATE SALES TAX #: _____ **FEDERAL TAX I.D. #** _____

PROOF OF INSURANCE: (Certificate of Liability) _____ (attach copy)

If ownership is different from applicant, attach written consent from owner of premises. Insurance policy shall be a minimum of \$2,000,000 premises and product liability insurance policy, naming the City of Kilgore as an additional insured.

If requesting a permit in a temporary structure or facility, attach a description of the premises, a description of the structure or facility and the location of such structure or facility upon the premises.

License Fee:

(Deadline for applications is 14 days prior to State of Texas legal sales.)

OFFICE USE

FEE:\$ _____ CASH () CHECK () CHECK NO. _____

DATE: _____ \ _____ \ _____ LICENSE NO: _____

FIRE

INSPECTOR: _____ Date _____

Planning: _____ Date: _____