

LICENSE APPLICATION FOR MANUFACTURE, STORAGE, DISPLAY OR SALE OF CONSUMER FIREWORKS
APPLICANT

First Name		Middle Name	Last Name		
Date of Birth	Driver License Number	Home Address		City	State Zip
Home Phone	Cell Phone	Pager	Business Phone		
List address(es) & phone numbers where applicant can be reached if different than above:					
Address		Address			
Phone		Phone			

List most recent locations where applicant has conducted business:

Has applicant been convicted within the last three (3) years of any felony, misdemeanor, or gross misdemeanor for any state or federal statute (other than traffic offenses). If yes, explain:

BUSINESS THAT WILL MANUFACTURE/STORE/DISPLAY/SELL CONSUMER FOREWORKS

Name of Business		Address	City	State	Zip
Phone Number	Fax Number	Email Address		Zoning	
List kind of business to be conducted; general description of merchandise to be sold or service to be provided:					
Duration of business operation:					

OTHER BUSINESSES

List all other business(es) owned or managed by the applicant in the City of St. Francis (if more than two, please attach separate sheet)					
Business Name		Address	City Zip	State	phone
Business Name		Address	City Zip	State	phone

ACKNOWLEDGEMENT

Applicant understands those persons manufacturing, storing, displaying or selling consumer fireworks must be at least eighteen (18) years of age: <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant understands what constitutes legal consumer fireworks and which fireworks are illegal: <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT TO SUPPLY WITH APPLICATION

<input type="checkbox"/> Attach a signed letter of written permission from property owner of the building/property that sales are to take place to this application.
<input type="checkbox"/> Attach an 8 ½ X 11 in. floor plan designating the area for manufacturing, storage, display or sales.
<input type="checkbox"/> Attach a list documenting the name, weight and quantity of consumer fireworks within the building and accompanying material safety data sheets.
<input type="checkbox"/> Fireworks samples for testing purpose _____ gross pounds (call fire marshall per Barb Held)
<input type="checkbox"/> Attach Material Safety Data Sheets
<input type="checkbox"/> Certificate of Insurance
<input type="checkbox"/> Application fee
Incomplete applications will not be accepted.

APPLICANT TO READ AND SIGN

<p>The applicant and all Associates are required to strictly comply with City Ordinance and applicable State and Federal laws.</p> <p>Failure to comply with Federal, State and Local Laws are punishable as a misdemeanor punishable by fines up to seven hundred dollars (\$700) and/or ninety (90) days in jail.</p> <p>I hereby certify that the contents of this application are true to the best of my knowledge. I further state that I have read all relevant City Ordinances relating to the conduct, operation, and practice of this business within the City of St. Francis and that I understand them fully.</p> <p>Applicant Signature: _____ Date: _____</p>
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ADMINISTRATIVE INFORMATION (City Clerk Use Only)

Date Application Received:	Application Received by:	Operating Dates for License:
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Building has been inspected and meets current uniform building codes.

Building Official

Building has been inspected and meets current uniform fire codes.

Fire Marshall

Building has approved automatic sprinkler system.

Building does not have an approved automatic sprinkler system.

Copy of photo identification received.

Background check completed.

City Council Approved.

APPROVED BY _____

DATE: _____