



CITY OF CHILLICOTHE

Office of the City Clerk 908 N SECOND ST., PO BOX 145, CHILLICOTHE, IL 61523
(309)274-5518

APPLICATION – FIREWORKS VENDOR

IMPORTANT – READ CAREFULLY – This application properly completed and signed must be filed with the City Clerk and must be accompanied by payment of \$50.00

APPLICANT INFORMATION

Name of Applicant:

Phone:

Cell:

Email:

Address of Applicant:

City:

State:

ZIP Code:

Applicant Date of Birth:

Driver License Number:

Have you been charged or convicted of any criminal offenses or ordinance violations (other than traffic or parking offenses)?

Yes

No

If yes, give date of violation(s), jurisdiction and charge:

IF ADDITIONAL SPACE IS REQUIRED TO ANSWER ANY OF THE ABOVE QUESTIONS,
PLEASE ATTACH SUPPLEMENTAL SHEET

BUSINESS AND INFORMATION

Name under which Business is to be conducted:

Address:

City:

State:

ZIP Code:

List type of all fireworks to be sold:

List location where fireworks are to be sold:

Address:

AFFIDAVIT

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A LICENSE TO SELL FIREWORKS, WITH THE CITY OF CHILLICOTHE.

SIGNATURE OF APPLICANT

DATE

Attach \$50.00 License Fee, payable to the City of Chillicothe

Attach Certificate of Liability of Insurance (\$1,000,000.00) and Works Compensation (\$1,000,000.00) naming the City of Chillicothe additional insured

FOR OFFICE USE ONLY

FEE RECEIVED

Date Received by the City Clerk

Cash

Check #

LICENSE INFORMATION

License #

Date Issued:

Date of Expiration: