

FIREWORKS VENDOR=S
APPLICATION

DATE: _____
APPLICANT

NAME: _____

TELEPHONE #: () _____

ADDRESS: _____

DRIVERS LICENCE#: _____

PRINCIPAL PLACE OF BUSINESS:

ADDRESS: _____

TELEPHONE #: () _____

EMPLOYMENT INFORMATION:

EMPLOYER: _____

TELEPHONE #: () _____

ADDRESS: _____

List type of all fireworks to be sold:

Location where fireworks are to be sold:

Have you been convicted of any criminal offenses or ordinance violations (other than traffic or parking offenses)? 9 Yes 9 No

If yes list all convictions with date and prosecuting jurisdiction:

Attach certificate of insurance general liability coverage \$1,000,000.00

workers compensation \$1,000,000.00

Naming the City of Chillicothe additional insured

Signature _____

Fee: \$50.00

