

Date: _____

Permit No. _____

APPLICANT INFORMATION

Site Address _____ City _____ State _____ Zip _____ Tenant/Bldg Name _____
Applicant: Owner Contractor Other

PROPERTY OWNER INFORMATION

Name/Company: _____ Phone Number: () - _____
Last Name, Middle Name, M.I.
Street Address of Property Owner: _____
Street City State Zip Code

CONTRACTOR INFORMATION

Company: _____ Phone Number: () - _____
Name of Company.
Street Address of Contractor: _____
Street City State Zip Code
Contractor License No.: _____ Expiration Date: _____
Contact Person (Print): _____
Phone Number: () - _____

FIREWORK INFORMATION

Fire Permit Type (choose one): Fireworks Tent/Canopy Display
Type of Fireworks: _____
Maximum Quantity Stored (lbs.): _____ Maximum Quantity Displayed (lbs.): _____

