



IDAHO FALLS FIRE DEPARTMENT

Fire Prevention Division
625 Shoup Avenue, Idaho Falls, ID 83402
(208) 612-8497

e-mail: fireprev@idahofallsidaho.gov

APPLICATION FOR SALE OF COMSUMER "SAFE and SANE" FIREWORKS

Date: \_\_\_\_\_

BUSINESS

Name: \_\_\_\_\_

Location: \_\_\_\_\_

APPLICANT

(A) Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(B) Corporate applicant officer names: \_\_\_\_\_

(C) Wholesaler or Distributor of "Safe and Sane" fireworks name and address: \_\_\_\_\_

(D) Idaho State Sales Tax Number: \_\_\_\_\_

(E) List previous location of operations: \_\_\_\_\_ Check appropriate box:
[ ] Owner [ ] Manager

(F) Mercantile Type:

[ ] Store

[ ] Stand

X

(Signature of Applicant)

OPERATOR

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

PERMIT FEE \$70.00 Paid Receipt #

Application recommendation: [ ] Denied [ ] Granted X
(Fire Marshal / Fire Chief)

A copy of a valid certificate of public liability insurance issued by a company licensed to issue insurance policies within the State of Idaho, providing coverage of at least one hundred thousand dollars (\$100,000.00) for personal injury and property damage shall be presented at the time of application. ge shall be presented at the time of application.