

APPLICATION FOR FIREWORKS PERMIT

OFFICE OF CITY CLERK
16850 SOUTHFIELD ROAD
ALLEN PARK, MI 48101

DATE OF APPLICATION: _____

BUSINESS NAME: _____

ADDRESS	CITY	STATE/ZIP	PHONE
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NAME OF OWNER: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

In case of Police or Fire emergency after closing hours, person/s to be contacted who have keys:

NAME	ADDRESS	CITY	STATE/ZIP	PHONE
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WHAT IS THE NATURE, CHARACTER, AND QUALITY OF THE GOODS, WARES, MERCHANDISE OR SERVICE TO BE SOLD OR OFFERED FOR SALE? _____

APPLICANT'S SIGNATURE: _____

FIRE INSPECTOR APPROVAL: _____ DATE: _____

INSURANCE POLICY: _____

FEE \$100.00 DATE PAID: _____

RECEIPT NUMBER: _____

CITY CLERK: _____

LICENSE NUMBER: _____