



CITY OF COLUMBIA
700 NORTH GARDEN STREET
COLUMBIA, TN 38401
(931) 560-1520

FOR OFFICE USE ONLY
DATE REC'D:
PERMIT#

**APPLICATION FOR FIREWORKS RETAIL SALES
PUBLIC DISPLAY, STORAGE, DISTRIBUTION**

DATE:		
APPLICANT/ORGANIZATION		PHONE
ADDRESS		
CITY	STATE	ZIP
APPLICANT HOME ADDRESS		
CITY	STATE	ZIP
ORGANIZATION ADDRESS		
CITY	STATE	ZIP
LOCAL ADDRESS		
CITY	STATE	ZIP
STATE OF TENNESSEE SALES TAX NUMBER:		
DESCRIPTION OF LOCATION WHERE APPLICANT INTENDS TO EITHER SELL, DISPLAY, OR STORE SAID FIREWORKS:		
AMOUNT OF FIREWORKS ON HAND:		
AMOUNT OF FIREWORKS STORED:		
THE DATE LENGTH OF TIME APPLICANT WILL CONDUCT BUSINESS:		
HAVE YOU BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR OR FOR THE VIOLATION OF ANY MUNICIPAL ORDINANCE?		
NATURE OF THE OFFENSE:		
PENALTY ASSESSED FOR OFFENSE:		

AMOUNT OF PUBLIC LIABILITY INSURANCE:		
INSURANCE COMPANY NAME	PHONE	
ADDRESS		
CITY	STATE	ZIP
INSURANCE AGENT NAME	PHONE	
ADDRESS		
CITY	STATE	ZIP

TYPE OF PERMIT REQUESTED (check only one):

Retail Sales	\$2500
Public Display	\$1000
Storage	\$1000
Distribution	\$1000

SITE CONTACT PERSON	PHONE	
ADDRESS		
CITY	STATE	ZIP

No permit shall be granted to any person until the applicant has by proper documentation that such applicant has public liability insurance coverage for personal injury and property damage with the City of Columbia named herein as an additional insured. Must provide copy of Certificate of Insurance.

I hereby certify that I have read Chapter 5 of the Columbia Municipal Code, Ordinance No. 3958 and 4166. I agree to abide by these Ordinances. I also certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of permit will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of this permit.

Fees are non-refundable.

SIGNATURE OF APPLICANT	DATE
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FIRE MARSHALL SIGNATURE	DATE
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
CITY RECORDER SIGNATURE	DATE
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>

“This institution is an equal opportunity provider.”