



CITY OF
Atlantic

23 East 4th Street
Atlantic, IA 50022
City Hall: (712) 243-4810
Fax: (712) 243-4407
www.cityofatlantic.com

PERMIT NO. _____ - _____

FIREWORKS VENDOR PERMIT APPLICATION

APPLICANT INFORMATION

NAME OF APPLICANT:

NAME OF BUSINESS:

BUSINESS MAILING ADDRESS:

PHONE:

EMAIL:

LOCATION INFORMATION

NAME OF BUSINESS/PROPERTY OWNER:

BUSINESS ADDRESS:

PHONE:

EMAIL:

COMPLIANCE INFORMATION

TYPE OF PROPERTY WHERE SALES SHALL OCCUR, CIRCLE ONE:

TENT

BUILDING

IS THE PROPERTY ZONED AS COMMERCIAL/INDUSTRIAL?

YES NO

DO YOU HAVE A VALID PERMIT FROM THE STATE FIRE MARSHAL?

YES NO

ATTACH PROOF OF STATE PERMIT TO THIS APPLICATION.

DO YOU POSSESS PROOF OF LIABILITY INSURANCE, SEPARATE FROM THE BUILDING PROPERTY INSURANCE, WITH

COVERAGE FOR THE SALE OF FIREWORKS IN THE AGGREGATE AMOUNT OF \$2,000,000.00?

YES NO

ATTACH PROOF OF LIABILITY INSURANCE TO THIS APPLICATION.

HAVE YOU PAID THE PERMIT FEE--\$100.00 FOR SALES IN A BUILDING, \$200.00 FOR TENT SALES? **YES** **NO**

ENCLOSE CHECK PAYABLE TO "CITY OF ATLANTIC" WITH THIS APPLICATION.

HAVE YOU READ THE ENCLOSED COPY OF THE FIREWORKS PERMIT ORDINANCE NO. 967? **YES** **NO**

I, _____ (NAME), certify that all information provided is true and factual. Falsified information can be punishable for up to \$750 per violation according to Section 41.13(8) of the Code of Ordinances of the City of Atlantic.

APPLICANT SIGNATURE: _____ DATE: _____

ATLANTIC FIRE DEPARTMENT SIGNATURE: _____ DATE: _____

APPROVED

DENIED