

FIREWORKS PERMIT APPLICATION

Town of Gordonsville

Name of Applicant: First _____ Middle _____ Last _____ SS# _____

Mailing Address: _____ City _____ State _____ Zip _____

Owner(s) of Business: _____ Address: _____ Tel No. (____) _____

Site Location: _____ Owner of Premises: _____ SS# _____

Address of Owner: _____ Tel No. (____) _____

Operator of Business: _____ SS# _____

Address of Operator: _____ Tel No. (____) _____

Trade Name of Business: _____ Dates Requested: From _____ To _____ (max. 28)

The applicant certifies the following:

1. Applicant has read and shall comply with all city ordinances, State and Federal regulations.
2. Attached copy of valid State of Tennessee Fireworks Permit.
3. Attached \$350 Certified Check and \$5000 Bond, Town of Gordonsville as beneficiary.

THIS APPLICATION MADE THIS THE _____ DAY OF _____, 20 ____

Signature of Applicant: _____ Title: _____

FOR OFFICE USE ONLY:

APPROVED: _____ Date: _____ DISAPPROVED: _____ Date: _____