

**CITY OF IDAHO FALLS  
APPLICATION FOR WHOLESALE FIREWORKS LICENSE**

Idaho Falls, Idaho

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

TO THE CITY CLERK,  
CITY OF IDAHO FALLS, IDAHO:

I hereby make application to operate in the name of \_\_\_\_\_  
(Business Name)

to be located at \_\_\_\_\_.

If Corporation, Names and Addresses of Officers of Applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of any Person owning at least ten percent (10%) of capital assets or profits and losses, if an association, OR Name and Address of any person owning or holding ten percent (10%) or more of the issued shares of the corporation, if a corporation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Sales Tax Permit Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

List three (3) previous locations of operation, if not a new business:

- |    |       |                                       |
|----|-------|---------------------------------------|
| 1. | _____ | <u>Circle applicable description:</u> |
| 2. | _____ | Owner                                 |
| 3. | _____ | Manager                               |

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name in Full

\_\_\_\_\_  
Social Security Number

HONORABLE MAYOR AND CITY COUNCIL:

I, the undersigned Chief of Police of said City, having investigated the above application recommend that the same be \_\_\_\_ Granted or \_\_\_\_ Denied.

Application Fee: \$100.00

Receipt No. \_\_\_\_\_

\_\_\_\_\_  
CHIEF OF POLICE

\_\_\_\_\_  
Planning and Building Division, Zone Approved