



IDAHO FALLS FIRE DEPARTMENT

Fire Prevention Division
343 E Street, Idaho Falls, ID 83402
(208) 612-8497

e-mail: fireprev@idahofallsidaho.gov

APPLICATION FOR SALE OF COMSUMER "SAFE and SANE" FIREWORKS

Date: _____

BUSINESS

Name: _____

Location: _____

APPLICANT

(A) Name: _____ Telephone # _____

Address: _____

Email: _____

Age: _____ Date of Birth: _____

(B) Corporate applicant officer names: _____

(C) Wholesaler or Distributor of "Safe and Sane" fireworks name and address: _____

(D) Idaho State Sales Tax Number: _____

(E) List previous location of operations: _____ Check appropriate box:
[] Owner [] Manager

(F) Mercantile Type:

[] Store

[] Stand

X

(Signature of Applicant)

OPERATOR

Name: _____

Telephone: _____

Email: _____

PERMIT FEE \$70.00 Paid Receipt #

Application recommendation: [] Denied [] Granted X
(Fire Marshal / Fire Chief)

A copy of a valid certificate of public liability insurance issued by a company licensed to issue insurance policies within the State of Idaho, providing coverage of at least one hundred thousand dollars (\$100,000.00) for personal injury and property damage shall be presented at the time of application.ge shall be presented at the time of application.