

# TOWN OF OSCEOLA

## APPLICATION FOR RETAIL FIREWORKS LICENSE

Date \_\_\_\_\_

**\$200.00 Fee Required with Application**

The undersigned hereby makes application on behalf of him/herself, a partnership, or a corporation for a license to operate a retail fireworks business under Ordinance Chapter 11 Public Health, section 11.02 of the Town of Osceola and agrees that there will be compliance with all laws, resolutions, ordinances, and regulations, Federal, State, and local, affecting the operation of a retail fireworks business and to specifically comply with all of the provisions of the Ordinance regulating the sale of fireworks within the Town of Osceola if such license is granted.

**Business:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ **Is Applicant Over Age 18?** YES/NO

**Term of License (Dates):** \_\_\_\_\_

**Distance and direction from nearest fireworks vendor and /or operation:**

[Sec. 11.02.(4)(d) Prohibits sale of fireworks from any structure other than a metal clad or cement building, no less than 500' from any other structure.]

\_\_\_\_\_

**Distance and direction from roadways and highways:** \_\_\_\_\_

\_\_\_\_\_

**Description of building construction:** \_\_\_\_\_

\_\_\_\_\_

**Has the applicant(s) and or agent every been convicted of a fireworks violation?** YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", describe on back of application.

Attachments: (per Chapter 11 Public Health Ordinance, Sec. 11.02(3)(a)1.(d-f)

Disclaimer statement: YES/NO

Product and premise liability insurance form: YES/NO

*Name of Applicant (printed)* \_\_\_\_\_

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