

Village of Murray

	Permit No Date of Application: _ Begin Date: Expiration Date: Permit Fee:	
э:		
	Phone:	

FIREWORKS RETAIL LOCATION PERMIT *Per Ordinance 130.01 (E) Applicant Name: _____ Organization Name Applicant Address: _____ City/State: _____ Address of Retail Outlet:_____ Type of Structure: _____ Property Owner Name: _____ Phone: _____ Dates/Hours of Operation: ______ @ _____am/pm to _____ @ ____am/pm [] June 24 through July 5 App submission deadline: May 31 @ 4:00 pm SALES Board Review for Approval: June _____ Meeting PERIOD December 28 through January 1 App submission deadline: November 30 @ 4:00 pm [] Board Review for Approval: December _____ Meeting DOCUMENTS that must be attached to this application: Proof of Liability Insurance (copy) State Fire Marshal Approved Permit (copy) *Permit valid ONLY for the sales location and sales period specified in this application. Permits do not extend to a later sales period. A separate permit is required for each location. Applicant Signature Date Clerk/Treasurer Signature Date Fireworks Retail Location Permit Fee: \$50.00 Paid [] Cash [] Check # _____ [] Credit Card Receipt # _____