

CITY OF LANSING
APPLICATION FOR A LICENSE TO SELL OR OFFER TO SELL
RETAIL FIREWORKS

Applicant: Submit this application with the following additional items to the Lansing City Clerk's Office, 124 W. Michigan Avenue, 9th Floor, Lansing, Michigan 48933-1695; Phone (517) 483-4133. If approved, this permit is non-transferable.

1. Proof that applicant is at least eighteen (18) years of age.
2. Non-refundable filing fee of \$ 115.00.
3. Proof of insurance or bonding in the minimum amount of \$500,000 per occurrence coverage for premises, vehicle and public liability.
4. Affidavit verifying the information contained within this application.
5. If sales are to be made from a tent, roadside stand, or other non-permanent structure, a Peddler's and Transient Merchants license must also be obtained.

Applicant's Name: _____ Date of Birth: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Location of Premises where Fireworks are to be Sold: _____

Location of Premises Where Fireworks are to be Stored: _____

Owner of the Premises Where Fireworks are to be Stored: _____

Name of Operator of any Business Located on the Premises: _____

Names and Addresses of Licensee or His/Her Designated Agents Who Will be on Premise when Firework Sales Take Place:

Name	Date of Birth	Address

IN THE PAST 24 MONTHS, HAS ANYONE LISTED ABOVE RECEIVED A CITATION OF, BEEN CONVICTED OF, OR ENTERED A GUILTY PLEA TO VIOLATION(S) OF THE STATE OF MICHIGAN FIREWORKS ACT (MCLA § 750.243a, et. seq.), FEDERAL FIREWORKS LAWS AND REGULATIONS, OTHER STATES' FIREWORK LAWS, THE REGULATIONS OF CHAPTER 1615, OR ANY COURT ORDER RELATING TO THE SALE OR OFFER TO SELL OF WHOLESALE OR RETAIL FIREWORKS? yes OR no; IF YES, PROVIDE DETAILS:

Numbers and Kinds of Fireworks to be Sold: _____

(This section should be completed in the City Clerk's Office)

I swear that the statements made on this application are correct according to the best of my knowledge and belief. I further understand that any false information will result in the denial of this application. I further affirm that I am not currently in default of any financial obligation to the City of Lansing.

(Date Signed)

(Applicant's Signature)

(Signature of Witness to Applicant's Signature)

Attached to this Application is a full copy of the City of Lansing fireworks ordinance. Please review this to ensure that your application meets all criteria.

APPROVAL SECTION	
_____ (Signature: Fire Marshal's Office)	_____ (Date Signed)
_____ (Signature - Treasurer's Office)	_____ (Date Signed)
_____ (Signature - Police Department)	_____ (Date Signed)
_____ (Signature: City Attorney's Office)	_____ (Date Signed)
_____ (City Council Resolution No.)	_____ (Date Approved by City Council)