



City of Priest River
Office of the City Clerk

P.O. Box 415
552 High Street
Priest River, Idaho 83856
Phone: 208-448-2123
Fax: 208-448-2232

RETAIL SALE OF NONAERIAL COMMON FIREWORKS PERMIT

Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone Number: _____

Business Name & All Partners, Officers, or Members (if applicable):

Business Mailing Address: _____

Business Phone Number: _____

Location of Sales Outlet: _____

Location of Fireworks Storage: _____

Sales Tax ID Number: _____

Sales & Use Period : Summer Period (12:00 am June 23 through 12:00 am July 5)
 Winter Period (12:00 am December 26 through 12:00 am January 1)

Hours of Operation: _____

Name of Insurance Carrier (a valid certificate of public liability and property-casualty insurance providing coverage of \$100,000 for personal injury and property damage must be attached): _____

I declare under penalty of perjury that the above information contained herein is to the best of my knowledge and belief true and correct. I further declare that I have read the rules and regulations which concern the retail sale and storage of fireworks in the City of Priest River and will abide by the contents therein.

Signature: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIPT NUMBER: _____ APPROVED: YES NO
FIRE CHIEF SIGNATURE: _____
CITY CLERK SIGNATURE: _____