CITY OF CROSSVILLE, TENNESSEE APPLICATION FOR FIREWORKS PERMIT

NAME OF BUSI	NESS:			
LOCATION:				
CONTACT PERSON:				
DATES OF OPERATION (seasonal sales only):				
TYPE OF PERM		Year-round sales Manufacture Distribution		Seasonal Sales Storage Public Display
CHECKLIST: State Fire Marshall approval Certificate of insurance "No Smoking" signs Fire extinguishers Location Distance from fuel source Distance from operable fire hydrant Distance from on-site consumption of alcoholic beverages (not applicable to year-round sales) Adequate parking (not applicable to year-round sales) Tent construction and location (not applicable to year-round sales)				
FOR CITY USE ONLY: Date Application Received:				
Date Approved:		Fire Dept. Signat	ure:	
Date Rejected:		Reason:		
Permit No: _				
Expiration Date:				

Return application to: Baylee Rhea City Clerk, 392 N. Main St., Crossville, TN 38555 Or email to: baylee.rhea@crossvilletn.gov