

Evans Fire Protection District EST. 2011

Fireworks Sales Permit Application

Applicable Codes and Standards: International Fire Code and Colorado Revised Statutes								
VENDOR INFORMATION								
Sponsor/Company Name								
Organization Address								
					Т			
City			State		Zip			
n' n' y 1			Alternate Phone Number					
Primary Phone Number			Alternate Phone Number					
PRIMARY AGENT/CONTR	ACTOR IN	FORMATI()N					
Corporate/Company Name								
Corporate/Company Address								
Corporate/Company Address								
City			State		Zip			
					2.19			
Lead Contact's Name			Date of Birth					
Corporate/Company Address				•				
City			State		Zip			
Primary Phone Number			Alternate Phone Number					
SALES SITE								
Location of Sales Site - Permit Use			Name of Property Owner					
Address of Sales Site			Property Owner's Phone Number					
City			State		Zip			
City			State		Zip			
Dates of Sales - Permit Use (see attack	ned for dates an	d times)						
		,						
Type of Temporary Structure	e of Temporary Structure		Other (explain):					
Tent Stand Other (explain): Site Plan: Please illustrate - see attached sample site plan for further information)								
Site Pian: Please illustrate - see attach	ed sample site p	olan for Turthe	er information)					



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STORAGE AND TRANSPORTATION								
Storage Type:								
☐ On-Site - if storage is on-site please complete all shaded fields								
☐ Off-Site - if storage is off-site, please complete all information below								
Address of Local Off-Site Storage								
at.	Ia.		Le:					
City	State		Zip					
Carrier transporting fireworks to local storage site								
Common Company Address								
Carrier Company Address								
City	State		Zip					
Carrier transporting fireworks to sales site								
Carrier Company Address								
City	State		Zip					
INSURANCE - please attach a copy of your public	liability insu							
Insurance Company		Policy Number						
Amount of coverage - must have a minimum of \$500,000/injury/d	eath & \$1,000,0	oo/property da	mage)					
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LICENSING								
Colorado Division of Fire Safety License Number (please attach a co	ppy to the applic	ation)						
City of Evans Business License Sales Tax Number								
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EMERGENCY CONTACT INFORMATION								
Name		Phone Number	ie Number					
Address								
City	State		Zip					
			•					
Name		Phone Number						
Address								
Address								
City	State		Zip					
APPLICANT CERTIFICATION								
By signing, I certify that:								
 The information contained in this application is true and accurate to the best of my knowledge. I understand that failure to comply with any of the regulations of the City of Evans or Evans Fire District may void the 								
permit and cause forfeiture of the permit fee.								
- I have read and am familiar with the regulations indicated on the application and contained in the City of Evans Fire Code.								
Property Owner Signature		Date						
. , ,								
Applicant Signature	Date							
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