



# CITY OF GARY - DEPARTMENT OF COMMERCE

## Consumer Fireworks Stand License Application - \$60

### FIREWORKS STAND GENERAL INFORMATION

BUSINESS/FIREWORKS STAND NAME (DBA)	STRUCTURE TYPE (PERMANENT BUILDING, TENT, ETC)
BUSINESS/FIREWORKS STAND PHYSICAL ADDRESS	CITY, STATE
APPLICANT NAME	APPLICANT PHONE
PROPERTY OWNER NAME (IF DIFFERENT FROM APPLICANT)	PROPERTY OWNER PHONE

**DATES OF OPERATION:** \_\_\_\_\_

**HOURS OF OPERATION:**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
OPEN TO CLOSE							

**INDIANA CODE 22-11-14-4.5 RESTRICTS CONSUMER SALES OF FIREWORKS TO 45 DAYS PER CALENDAR YEAR PER RETAILER.**

**ADDITIONAL REQUIRED DOCUMENTS** - Attach the following:

- COPY OF CERTIFICATE OF COMPLIANCE OR PERMIT FROM STATE FIRE MARSHALL
- COPY OF APPLICANT'S DRIVERS UCENSE OR ID
- COPY OF EMPLOYEE'S DRYERS UCENSE OR ID, IF DIFFERENT FROM APPLICANT
- PROOF OF \$60 PAYMENT TO CITY OF GARY

APPLICANT SIGNATURE - I certify to the best of my knowledge that all the forgoing information is true and correct as provided.

NAME	SIGNATURE	APPLICATION DATE (MM/DD/YY)
PERMIT APPROVED BY	SIGNATURE	APPLICATION APPROVAL DATE (MM/DD/YY)

