



# AMELIA COUNTY --- APPLICATION FOR FIREWORKS SALES PERMIT

## INSTRUCTIONS

This APPLICATION FOR FIREWORKS SALES PERMIT must be completed and submitted no later than 10 days prior to the scheduled event. Incomplete Applications for any reason will not be processed. Completed Applications and supporting materials may be submitted in person or by mail to the Office of County Administrator, County of Amelia, County Administration Building, P.O. Box A, 16360 Dunn Street, Suite 101, Amelia, Virginia 23002 or via facsimile to 804-561-6039.

## APPLICANT INFORMATION

NAME OF APPLICANT/ORGANIZATION: \_\_\_\_\_

APPLICANT/ORGANIZATION ADDRESS: \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code (Telephone #) \_\_\_\_\_

Area Code (Mobile Telephone) \_\_\_\_\_ Area Code (Fax Number) \_\_\_\_\_ E-Mail \_\_\_\_\_

ORGANIZATION TYPE:  - GOVERNMENTAL  - PUBLIC/NON-PROFIT  - PRIVATE/NON-PROFIT  - PRIVATE/UNINCORPORATED

- OTHER: SPECIFY: \_\_\_\_\_

INDIVIDUAL ORGANIZER OR APPLICANT'S NAME: \_\_\_\_\_

## SALES LOCATION

OFFICIAL NAME OF FIREWORKS VENDOR: \_\_\_\_\_

APPLICANT AND/OR PROPERTY OWNER: \_\_\_\_\_

PROPERTY OWNER ADDRESS (IF DIFFERENT): \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code (Telephone #) \_\_\_\_\_

Zoning \_\_\_\_\_ Tax Map # \_\_\_\_\_ Period of Sales (Dates) From: \_\_\_\_\_ To: \_\_\_\_\_

LOCAL BUSINESS LICENSE (Required)  Yes  No

## PUBLIC SAFETY INFORMATION – DIRECTOR OF EMERGENCY MANAGEMENT

NOTIFY THE FOLLOWING LOCAL SAFETY/SECURITY OF PROPOSED SALES:

FIRE PROTECTION SERVICES:  YES  NO

EMERGENCY MEDICAL SERVICES:  YES  NO

AMELIA COUNTY SHERIFF'S OFFICE:  YES  NO

\_\_\_\_\_  
Director of Emergency Management

## APPLICANT CERTIFICATION:

THE UNDERSIGNED ON BEHALF OF THE APPLICANT/ORGANIZATION DO HEREBY CERTIFY AND AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE SAFE AND PROPER CONDUCT OF THE EVENT AND DISPLAY OF FIREWORKS AND THAT ARRANGEMENTS HAVE BEEN MADE FOR TRAFFIC CONTROL, FIRE AND EMERGENCY MEDICAL SERVICES WITH THE APPROPRIATE AGENCIES AS INDICATED HEREON.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## OFFICE USE ONLY:

PERMIT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Approval by County Administrator