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**APPLICATION FOR PERMITTED FIREWORKS
PURSUANT TO CHAPTER 91, SECTION 0.8
CITY OF MT. VERNON, ILLINOIS**

NAME OF APPLICANT: _____

PERMANENT BUSINESS ADDRESS (MUST INCLUDE STREET ADDRESS):

BUSINESS PHONE NUMBER: _____

RESIDENTIAL ADDRESS OF APPLICANT:

RESIDENTIAL PHONE NUMBER: _____

RESIDENTIAL EMAIL ADDRESS: _____

ADDRESS WHERE APPLICANT INTENDS TO SELL PERMITTED FIREWORKS:

THE FOLLOWING DOCUMENTATION MUST BE ATTACHED TO THIS APPLICATION:

- COPY OF APPLICANT'S CERTIFICATE OF REGISTRATION UNDER THE ILLINOIS RETAILERS OCCUPATION TAX ACT.
- COMPLETE INVENTORY LIST OF ALL FIREWORKS TO BE SOLD OR OFFERED FOR SALE.
- CERTIFICATE OF INSURANCE EVIDENCING A GENERAL LIABILITY POLICY IN AN AMOUNT NOT LESS THAN \$1 MILLION.
- EITHER A WRITTEN LEASE OR WRITTEN EVIDENCE FROM THE OWNER OF THE LOCATION WHERE THE APPLICANT PROPOSES TO SELL PERMITTED FIREWORKS, INDICATING PERMISSION OF OWNER TO USE LOCATION.

I, THE UNDERSIGNED, ATTEST THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE: _____

STATE OF ILLINOIS)
COUNTY OF JEFFERSON) SS.

SUBSCRIBED AND SWORN TO BEFORE ME BY ON THIS _____ DAY OF _____, 20_____.

(SEAL)

NOTARY PUBLIC SIGNATURE

THIS APPLICANT HAS BEEN INSPECTED AND IS APPROVED TO SELL PERMITTED FIREWORKS.

AUTHORIZED FIRE DEPARTMENT REPRESENTATIVE

DATE

DATE OF ISSUE: _____

COST: \$25.00

LICENSE # _____

EFFECTIVE DATE: _____