

**CITY OF CROSSVILLE, TENNESSEE
APPLICATION FOR FIREWORKS PERMIT**

NAME OF BUSINESS: _____

LOCATION: _____

CONTACT PERSON: _____

DATES OF OPERATION (seasonal sales only): _____

TYPE OF PERMIT: Year-round sales Seasonal Sales
 Manufacture Storage
 Distribution 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 property line (not applicable to year-round sales)
 - 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. Signature: _____
Date Rejected: _____	Reason: _____
Permit No: _____	
Expiration Date: _____	

Return application to: Sally Oglesby, City Clerk, 99 Municipal Ave., Crossville, TN 38555