

City of Gooding
308 5TH Ave West
Gooding, Idaho 83330
208 934-5669 Fax 208 934-5425

APPLICATION TO RETAIL SAFE AND SANE FIREWORKS

Name: _____ Address: _____

Phone _____ Email: _____

The purpose for which the application is primarily existing and for which it was organized:

The names and addresses of the officer, trustees and/or directors, if any, of the applicant:

The location where the applicant requests permission to sell safe and sane fireworks or display dangerous fireworks: _____

When and where the applicant was organized and established, or, if a natural person, the applicant's age:

The location of the applicant's principal and permanent meeting place or places, or principal place or places of business: _____

The applicant's state sales tax permit number: _____

If the applicant is an entity other than a sole proprietorship, the name and a general description of the business activities of each parent or subsidiary company, business or entity, and a general description of the ownership organization of each parent or subsidiary, if any:

Applicant	Mayor
Signature: _____	Signature: _____
Amount _____	Clerk _____
Dated _____	Approved _____