NEW
RENEWAL
CHANGE OF ADDRESS

APPLICATION FOR RETAIL FIREWORKS SALES PERMIT												
BUSINESS NAME/DBA:						NAME OF APPLICANT (RESPONSIBLE PERSON):						
MAILING ADDRESS:					CITY:			STATE:	ZIP CODE:			
НО	ME PHONE NUMBER:	CELL PHO	ELL PHONE NUMBER: OTHE		R CONTACT NUMBER:		EMAIL ADDRESS:					
			DETAIL (OT 4 N I D		2047(0)(0)						
nun	sure to provide the address a nber and identify the nearest TE: The state sales tax accou	intersecting s	al location where reta street, road or highway	il sales w with dist	ill tal	e and direction to the	intersection.	clude the	e name of a ro	ad or highway		
1 NAME:					2 NAME:							
ADDRESS OR LOCATION:					ADDRESS OR LOCATION:							
CITY:			PARISH:			CITY:			PARISH:			
	SALES TAX ID NUMBER:		ZIP CODE:			SALES TAX ID NUMBER:			ZIP CODE:			
STA	AND SET-UP DATE:	STAN	STAND OPENING DATE:			STAND SET-UP DATE: S		STANI	STAND OPENING DATE:			
NΛ	ME(S) & ADDDESSES OF L	ICENSED I	NE IOHW ANAISH	E DISTR	IRIII	PTOPS AND/OP IO	BBEDS SIIDE	I VING	EIDEMODKS			
NAME(S) & ADDRESSES OF LICENSED LOUISIANA WHOLSALE DISTRIBURTORS AND/OR JOBBERS SUPPLYING FIREWORKS.												
						FULLY						
per	e annual fee for a retail permits is \$200 for each per rshal.											
			PERSONAL CHE	ECKS A	RE	NOT ACCEPTE	D					
	lure to comply with Louis ninal and/or civil penalties						nistrative Co	de 55:\	/:1905 may b	oe cause for		
	mits are valid for retail sa mit year. However, no ret						ecember 15	th to mi	dnight, Janua	ary 1st of the		
			APPLIC/	ANT C	ER'	TIFICATION						
app	issuance, if any permit gr lication is situated in a j tement or false represer	jurisdiction	and that I will compl which allows legal	y with th retail fi	em rew	orks sales. I und	d specifically derstand that	certify	that each loc	ation on this		
SIGNATURE OF APPLICANT									DATE			
	S	worn and	subscribed before	me thi	s _	day of _				20		
	SIGNATURE OF NOTARY PUBLIC											