

City of Iowa Falls

APPLICATION – Fireworks Sales Permit



Company or Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Federal Tax ID: _____

Address of Operating Site: _____

Consumer Fireworks License Number: _____

Iowa Retailer's Use Tax Permit Number: _____

Insurance Carrier: _____

The following documents must be submitted with application:

- Consumer Fireworks License Certificate
- Iowa Retailer's Use Tax Permit Verification Form
- Certificate of Liability Insurance
- Site-Plan to include layout of retail location and associated parcel

Licenses must be renewed no later than June 1st of each year.

Signature: _____ Date: _____

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Fee Amount: \$100