



# FRONT RANGE FIRE RESCUE

P.O. Box 130, Milliken, CO 80543  
(970)587-4464



## Fireworks Sales Permit Application

### Applicant Information

Company or Sponsor Name: \_\_\_\_\_

Responsible Agent Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

### Location of Stand(s)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

### Owner of Property at Stand Location(s)

<b>STAND #1</b>	Stand Location:	_____		
	Company Name:	_____	Owner:	_____
	Address:	_____		
	City:	State:	Phone:	_____

<b>STAND #2</b>	Stand Location:	_____		
	Company Name:	_____	Owner:	_____
	Address:	_____		
	City:	State:	Phone:	_____

<b>STAND #3</b>	Stand Location:	_____		
	Company Name:	_____	Owner:	_____
	Address:	_____		
	City:	State:	Phone:	_____

<b>STAND #4</b>	Stand Location:	_____		
	Company Name:	_____	Owner:	_____
	Address:	_____		
	City:	State:	Phone:	_____

**Location of Off-Site Storage if Applicable:**

Property Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Where fireworks are located at site: \_\_\_\_\_

**How will unsold fireworks be stored or disposed of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information or Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>DO NOT WRITE BELOW THIS LINE - FRONT RANGE FIRE RESCUE USE ONLY</b>		
<b>DATE RECEIVED:</b>	<b>RECEIVED BY:</b>	<b>FEES DUE: \$1,500.00 (per stand)</b>
<b>FRFR STAFF REVIEW/COMMENTS:</b>		
<b>APPROVAL DATE:</b>		<b>APPROVED BY:</b>
<b>FEES PAID:</b>	<b>PAYMENT TYPE:</b>	<b>RECEIVED BY:</b>

**ALL AGENTS WHO WILL WORK AT PERMIT SITE(S)***Complete one form for each stand and keep a copy on-site at all times that stand is open*

Name:			DOB:
Address:	City:	State:	Phone:

Name:			DOB:
Address:	City:	State:	Phone:

Name:			DOB:
Address:	City:	State:	Phone:

Name:			DOB:
Address:	City:	State:	Phone:

Name:			DOB:
Address:	City:	State:	Phone:

Name:			DOB:
Address:	City:	State:	Phone:

Name:			DOB:
Address:	City:	State:	Phone:

Name:			DOB:
Address:	City:	State:	Phone:

Name:			DOB:
Address:	City:	State:	Phone:

Name:			DOB:
Address:	City:	State:	Phone:

Name:			DOB:
Address:	City:	State:	Phone: