

## **CITY OF LA GRANGE**

307 W. Jefferson St. La Grange, KY 40031 Phone: (502) 222-1433 Fax: (502) 222-5875



## **Retail Fireworks Permit Application**

PLEASE PRINT OR TYPE THE INFORMATION BELOW (incomplete forms will be returned)

Name of Busi	ness									
DBA										
Street Addres	SS									
City/State/Zip	)									
Mailing Addr	ess									
City/State/Zip	)									
Phone/Cell Ph	none									
Location(s)*										
*Each location	must have a s	eparate firework	s sales per	mit.						
EMAIL ADDRESS					SS# or Federal ID# Number of Employees YOU OWE IN THE TABLE BELOW					
	Lice	nse Length (Flat	Fee)	AMOUN	Т		AMOUN	T DIJE		
	60 days (Seasonal)			\$1000.00		=	71111001	T BCE		
	One Year (Permanent)			\$3000.00		=				
	Renewal (Permanent Only)			\$600.00	:	=				
	City Business License (Required)			\$55.00	:	=				
	Total				=	=				
BE ADVISED THAT IF YOUR BUSINESS IS OPERATING/ CONDUCTING BUSINESS IN THE CITY OF LA GRANGE WITHOUT THE PROPER LICENSE, YOU WILL BE RESPONSIBLE FOR OBTAINING A BUSINESS LICENSE, <u>AND PAYING</u> ALL APPLICABLE LATE FEES, PENALTIES, INTEREST, LEGAL COSTS AND ATTORNEY FEES.										
SIGNATUR				_DATE						
		TO THE CITY OI REET, LA GRANG	SE, KY 400		KS LICEN					
Date Received	License No.	Account No.	Amount	Vending	Penalty		Fee	Total Paid	Cash	Check

THE CITY OF LAGRANGE RESERVES THE RIGHT TO EXAMINE YOUR RECORDS FOR ACCOUNTABILITY