



**CITY OF PAPIILLION**

**APPLICATION FOR LICENSE TO SELL  
PERMISSIBLE FIREWORKS AT RETAIL**

Application is hereby made to the Mayor and City Council of the City of Papillion, NE, for a fireworks license to sell permissible fireworks at retail within the city limits from 8:00 a.m. on December 29th through 11:59 p.m. on December 31st of each year by:

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Applicants Full Name Telephone No.

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Applicants Address City State Zip

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Legal Description of Site and **Attach** a Plot Plan drawn to scale

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Street Address of Site

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Manager's Name Telephone No.

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Manager's Address

Total gross weight of fireworks proposed for site including on site storage \_\_\_\_\_.

The undersigned hereby represents that in accordance with Neb. Rev. Stat. §28-1246 it has made application to the Nebraska State Fire Marshal for a current License for Sale of Fireworks and will provide the City with a copy of said License prior to issuance of a city license.

The undersigned hereby pledges itself to sell permissible fireworks at the above described location strictly in accordance with all State statutes and City ordinances upon issuance of a License to Sell Fireworks.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

CHECK LIST

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> FIREWORKS BOND.....\$1,000.00                                 | RECEIVED BY: _____ |
| <input type="checkbox"/> LICENSE FEE.....\$1,000.00                                    | RECEIVED BY: _____ |
| <input type="checkbox"/> SALES TAX CERTIFICATE.....                                    | RECEIVED BY: _____ |
| <input type="checkbox"/> COPY OF STATE LICENSE.....                                    | RECEIVED BY: _____ |
| <input type="checkbox"/> CERTIFICATE OF INSURANCE.....<br>(\$1,000,000 PER OCCURRENCE) | RECEIVED BY: _____ |
| <input type="checkbox"/> PLOT PLAN.....  | RECEIVED BY: _____ |
| <input type="checkbox"/> NON-PROFIT AFFIDAVIT.....                                     | RECEIVED BY: _____ |
| <input type="checkbox"/> INTERNAL REVENUE SERVICE 501(c) (3)<br>If applicable .....    | RECEIVED BY: _____ |
| <input type="checkbox"/> FIREWORKS INSPECTION.....                                     | RECEIVED BY: _____ |