



**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:

Applicants Full Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Applicants Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Street Address of Site \_\_\_\_\_

Manager's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Manager's Address \_\_\_\_\_

Manager's Email Address \_\_\_\_\_

Name and email address of others to receive communication from the City:  
\_\_\_\_\_

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.....\$500.00   | 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,<br>\$2,000,000 GENERAL AGGREGATE<br>NAMING THE CITY AS ADDITIONAL INSURED) | 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: _____ |