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CITY OF SARALAND

Application for Seasonal Retail Fireworks Sales Permit

Business Name: _____

Owner or Proprietor's Name: _____

Business Address: _____

Phone Number: _____ and/or Emergency Phone Number: _____

City Business License Number: _____

In applying for a Seasonal Retail Fireworks Sales Permit, I certify that:

- a) Attached is a true copy of my insurance liability policy in the minimum amounts of:
 - 1) **\$500.00** cash deposit, certificate of deposit or surety bond made payable to the City
 - 2) **\$500,000.00** in general liability with the City of Saraland named as an additional insured party.
- b) Attached is a true copy of Alabama Fire Marshal permit # _____
- c) A minimum of 50% of total sales receipts at the above location will come from sales of fireworks.
- d) **ONLY** the size and type of fireworks specified on the permit will be sold at the above location
(Sec. 11-49 (a), formally known as "Class C Common")
- e) I have obtained a City Business License entered above.
- f) I have received a copy of the City's Fireworks Ordinance and will comply with the ordinance in all respects.
- g) I am nineteen (19) years of age or older. My date of birth is _____ / _____ / _____
- h) I understand that the Permit is good only for the current calendar year and for sales **ONLY** for the periods of June 20 - July 6 and December 15 - January 2.
- i) I have attached my **\$500.00** application fee.

The following is a brief description of the storage and safety precautions that will be used to assure safety of customers, employees, and citizens of the city: (attach extra sheets if necessary)

Signature of Business Owner

City Inspector or Approval Signatures

Signature of Building Inspector

Signature of Fire Chief or Designee

Signature of City Clerk or assistant Clerk

PERMIT NO. _____