



City of Scottsville, KY
Fireworks Registration Application
City Treasurer's Office
201 West Main Street, Suite 8
Scottsville, KY 42164
(270) 237-4472 phone
(270) 237-4922 fax

*FOR OFFICE
 USE ONLY*

Permit #: _____

**Annual registration shall be received at least fifteen (15) days prior to offering fireworks for sale at the site listed below. A separate Application is required for each location.
 The application fee is \$25 per application.**

****PLEASE ATTACH COPY OF STATE FIREWORKS PERMIT****

Every business or individual subject to the Occupational License Fee is also required to be approved for this permit.

NAME OF APPLICANT _____

BUSINESS NAME _____

TYPE OF APPLICATION _____ Seasonal Retailer \$1000 (June 10 – July 7 & December 26 – January 4)
 _____ Permanent Primary \$1000 (Year-round sell of fireworks)

FACILITY TYPE ___ Seasonal Retailer ___ Existing Store Location ___ New Building ___ Tent

ADDRESSES

<p>A. Location Address: _____ _____ _____ Location Phone: _____ Location Fax: _____</p>	<p>B. Mailing Address: _____ (if different) _____ Website: _____ E-Mail Address: _____</p>
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Local Contact Name: _____ Phone: _____

ANTICIPATED DATE OF FIREWORKS SALES ____/____/____ to ____/____/____
 Mo Day Yr Mo Day Yr

BUSINESS FEDERAL IDENTIFICATION NUMBER _____

or
BUSINESS OWNER(S) SOCIAL SECURITY NUMBER(S) _____

KENTUCKY SALES & USE TAX NUMBER _____ **(a copy of this permit must be submitted with application)*

LOCAL CITY OCCUPATIONAL TAX ACCOUNT NUMBER _____

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.

DATE: _____ **SIGNATURE:** _____