



Fee: **\$130.00** payable by Check or Cash upon approval

# Firework Peddler Application

City of Longwood, 155 W. Warren Avenue, Longwood, FL 32750-4197

**LICENSE YEAR: OCTOBER 1, 2011 - SEPTEMBER 30, 2012**

1. Name of Business \_\_\_\_\_

2. Address of Business \_\_\_\_\_ Suite # \_\_\_\_\_

**(LOCATION – SUBJECT TO FINAL APPROVAL OF A TEMPORARY USE PERMIT)**

3. Mailing Address \_\_\_\_\_

Street City State Zip Business Phone

4. Describe in **detail** the operation of business / profession at this location \_\_\_\_\_

5. Type of Business Equipment (vehicles to be used, stored, or parked) \_\_\_\_\_

6. Number of EMPLOYEES (including owners, agents, independent contractors, leased/temporary) \_\_\_\_\_

7. Telephone Number where you can be reached to schedule Fire Inspection: \_\_\_\_\_

8. **Additional Requirements:** State License # \_\_\_\_\_ (Attach Copy)

Federal I.D. \_\_\_\_\_ (Attach Copy) Fictitious Name Registration # \_\_\_\_\_ (Attach Copy)

9. Reason for Fictitious Name Exemption:  Licensed Professional  First/Last Name Used in Business  Incorporated

### Corporate and Partnership Information

Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Corporate Document # \_\_\_\_\_

### Officers or Partners:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ D.O.B. \_\_\_\_\_ D.L.#: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ D.O.B. \_\_\_\_\_ D.L.#: \_\_\_\_\_

**I give my permission for the above mentioned business to sell fireworks from the address listed above.**

\_\_\_\_\_  
Signature of Property Owner Phone Number Date

**FILING THIS APPLICATION FOR A LOCAL BUSINESS TAX RECEIPT DOES NOT ALLOW THE APPLICANT TO OPERATE OR ENGAGE IN ANY TYPE OF BUSINESS UNTIL THE BUSINESS TAX RECEIPT HAS BEEN ISSUED. ANY PERSON, FIRM OR CORPORATION WHO ENGAGES IN ANY OCCUPATION, BUSINESS OR PROFESSION WITHOUT A LOCAL BUSINESS TAX RECEIPT SHALL BE SUBJECT TO PENALTIES IN ACCORDANCE WITH THE CITY CODE.**

\_\_\_\_\_  
Signature of Business Owner Date

Lottery Ticket # \_\_\_\_\_  
Initial # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_