

Fireworks Lottery Application

Year: _____

Name of applicant: _____
Last First Middle

OR

Responsible party: _____
For group or organization Last First Middle

Name of group or organization, if applicable: _____

Mailing address: _____
City State Zip

Phone number: _____

Signature: _____

This application must be received in the Fire Marshal's Office
by 5 p.m. on Wednesday, February 10, 2016.

