

# City of Northport, Alabama

## Class "C" Fireworks Permit Application

Finance Department · Revenue Division  
 3500 McFarland Blvd · P.O. Box 569  
 Northport, Alabama 35476  
 Phone (205) 339-7000  
 Fax (205) 339-3046  
 revenue@cityofnorthport.org



**FOR OFFICE USE ONLY**  
 DATE RECEIVED & BY: \_\_\_\_\_  
 Account ID #: \_\_\_\_\_

**Pursuant to Ordinance Number 1066, and amendments thereafter, application is hereby made for permit and business license to sell Class "C" fireworks in the police jurisdiction of the City of Northport**

**Applicant Name** \_\_\_\_\_

**Legal Business Name** \_\_\_\_\_

**Trade Name (DBA) (if different from above)** \_\_\_\_\_

**Physical Address** \_\_\_\_\_  
STREET CITY STATE ZIP

**Mailing Address** \_\_\_\_\_  
STREET CITY STATE ZIP

**Business Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Proposed location of stand(s):**

**Stand 1:** \_\_\_\_\_

**Stand 2:** \_\_\_\_\_

**Stand 3:** \_\_\_\_\_

**Stand 4:** \_\_\_\_\_

**Please read the following before signing the application:**

1. ( ) I am submitting a fee in the amount of \$500.00 per stand, per year, for a total of \$\_\_\_\_\_ plus a \$10.00 issuance fee.  
 ( ) I am submitting a fee in the amount of \$250.00 per stand, per ½ year, for a total of \$\_\_\_\_\_ plus a \$10.00 issuance fee.
2. I hereby certify that at the time of receipt of a permit, I shall deliver to the City Finance Department a \$500,000 minimum combined single limits insurance certificate designating the City as an additional insured, and a copy of the required permit from the State Fire Marshal.
3. I am submitting with this application a ( ) cash deposit ( ) surety bond ( ) certificate of deposit in the amount of \$500.00 (per stand) pursuant to Section 12-6(m) of City Ordinance No. 1066. ( ) on file
4. I further certify that I have been given a copy of Ordinance No. 1795, with amendments, and that I have read and understand the same, and that I shall strictly comply with the same.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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**Received:**     Insurance Certificate (City of Northport additional insured)  
                    State Fire Marshal Permit (for each stand)  
                    Cash Deposit     Surety Bond     CD \$\_\_\_\_\_    **Receipt #** \_\_\_\_\_     On File  
                    Northport Fire Dept. Inspection Sign-Off