



City of Hartford

125 N Main Ave, Hartford, SD 57032

Phone: 605-528-6187 Fax 605-528-3320

FIREWORKS SALES LICENSE APPLICATION

Applicant name: _____ Date: _____

Applicant address: _____

Applicant e-mail address: _____ Phone: _____

Address or legal description of sales location: _____

Business name used for fireworks sales: _____

This Application form must be accompanied by:

- A non-refundable Fireworks Sales License Application Fee of \$100.00.
- Proof of liability insurance coverage for Firework Sales of at least \$1,000,000.
- A site plan of the proposed sales site.
- A copy of the applicant's South Dakota Sales Tax License.
- A copy of the applicant's state fireworks sales license(s).

I hereby certify that the above information is accurate and correct, that I am authorized to submit this Application, and that I will comply with the provisions of Chapter 5.04 of the Hartford Codified Ordinances.

Applicant's signature

FOR CITY USE ONLY

Date received: _____ Date reviewed: _____

Date Fireworks Sales License issued: _____

Date Fireworks Sales License Expires: _____