

CITY OF EUFAULA

APPLICATION FOR FIREWORKS SALES PERMIT

APPLICATION INFORMATION

NAME: _____ DATE: _____
PERMIT #: _____

BUSINESS NAME: _____

PERMANENT ADDRESS: _____

TEMPORARY SALES ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

OKLAHOMA SALES TAX PERMIT # _____

APPLICANT CERTIFICATION

FEE: \$ 250.00

I, the above named applicant, do hereby certify on oath or affirmation that the above information is true and correct to the best of my knowledge. I also affirm I will abide by the City and State Ordinances of the City of Eufaula,

“ NO PERSON SHALL OFFER FIREWORKS FOR SALE TO REISDENTS OF THE STATE OF OKLAHOMA AT RETIAL BEFORE THE 15TH DAY OF JUNE OR AFTER THE 6TH DAY OF JULY AND BEFORE THE 15TH DAY OF DECEMBER OR AFTER THE 2ND DAY OF JANUARY IN EACH YEAR.” OSS 68, Article 16, Section 1623(e).

SIGNATURE OF RETAILER: _____ **DATE:** _____