

ELIZABETH TOWNSHIP
APPLICATION FOR FIREWORKS PERMIT

NAME _____ ADDRESS _____
TELEPHONE _____

CRIMINAL RECORD Y ___ N ___ IF YES ATTACH SEPARATE SHEET WITH DESCRIPTION

OWNER'S NAME _____ ADDRESS _____
BUSINESS NAME _____
TELEPHONE _____
TYPE OF GOODS _____
LENGTH OF TIME FOR FIREWORKS PERMIT _____
TYPE OF VEHICLE _____
LICENSE NUMBER _____

| | <u>NAME</u> | <u>DOB</u> | <u>SS#</u> | <u>ADDRESS</u> | <u>PHONE</u> |
|---------|-------------|------------|------------|----------------|--------------|
| HELPERS | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |

FEE _____

THE APPLICANT HEREBY AGREES TO COMPLY WITH THE PROVISIONS OF ALL LAWS AND ORDINANCES
REGULATING THIS PERMIT IN THE TOWNSHIP OF ELIZABETH.

APPLICANT'S SIGNATURE _____