



City of Blair
Application for Sale of Fireworks
July, 2025

Applicant

Name: _____

Address: _____

Phone: _____

Name of vendor participating with applicant: _____

Address of Vendor: _____

Phone: _____ Email: _____

Address/Location of premises for which permit is sought: _____

Legal Description: _____

Description of structure to be used (type & size): _____

Accurate drawing showing location of structure on premise:

Where will inventory be stored: _____

When will inventory arrive at this location: _____

From where: _____

All persons responsible for the permit have read ordinance: Yes No

Certificate of Insurance Attached: Yes No

List any conditions that do not comply with ordinance and provide explanation:

List names and phone numbers of all persons to contact in case of emergency (starting with manager):

Name: _____

Home Phone: _____ Work Phone: _____

Name of person filling out form: _____

Address: _____

Home Phone: _____ Work Phone: _____

I/we, the authorized representative of the above applicant and/or vendor, do hereby make application for a fireworks license to be issued by and through the City of Blair, Nebraska. I/we further agree to abide by all regulations and ordinances of the City of Blair, Nebraska and State of Nebraska relative to this application and the sale and storage of fireworks in the City of Blair, Nebraska.

Applicant

Date

Vendor

Date

FOR CITY USE ONLY

All Fees Collected: Yes No Insurance Received: Yes No

State Fire Marshal Permit Received: Yes No

Date of Inspection: _____ Pass Inspection: Yes No

If No, explain:

Inspected By: _____