

STATE OF IDAHO, IN AND FOR THE COUNTY OF JEROME
PERMIT FOR THE SALE OF SAFE AND SANE FIREWORKS

NAME OF APPLICANT: _____

ADDRESS: _____

IF CORPORATION, GIVE NAMES AND ADDRESSES OF OFFICERS:

LOCATION OF PLACE OF SALE OF "SAFE AND SANE FIREWORKS":

NAME AND ADDRESS OF ANY WHOLESALER, OR DISTRIBUTOR, FROM
WHOM THE APPLICANT INTENDS TO OBTAIN "SAFE AND SANE
FIREWORKS".

APPLICANT'S STATE SALES TAX PERMIT NUMBER: _____

NON TRANSFERABLE

EFFECTIVE DATE: JUNE 23, 20__

EXPIRATION DATE: JULY 5, 20__

FEE: \$ 10.00

PERMIT NO. _____

APPLICANT

RELATION TO BUSINESS

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____,
20 ____.

APPROVED BY:

COUNTY CLERK

BOARD OF COUNTY COMMISSIONERS