CITY OF CROSSVILLE, TENNESSEE
APPLICATION FOR FIREWORKS PERMIT

NAME OF BUSINESS: _____

LOCATION: _____

CONTACT PERSON: _____

DATES OF OPERATION (seasonal sales only): _____

TYPE OF PERMIT:

- ☐ Year-round sales
- ☐ Manufacture
- ☐ Distribution
- ☐ Seasonal Sales
- ☐ Storage
- ☐ Public Display

CHECKLIST:

- ☐ State Fire Marshall approval
- ☐ Certificate of insurance
- ☐ "No Smoking" signs
- ☐ Fire extinguishers
- ☐ Location
  - ☐ Distance from fuel source
  - ☐ Distance from operable fire hydrant
  - ☐ Distance from property line (not applicable to year-round sales)
  - ☐ Distance from on-site consumption of alcoholic beverages (not applicable to year-round sales)
  - ☐ Adequate parking (not applicable to year-round sales)
  - ☐ Tent construction and location (not applicable to year-round sales)

FOR CITY USE ONLY:

Date Application Received: _____

Date Approved: _____ Fire Dept. Signature: _____

Date Rejected: _____ Reason: _____

Permit No: _____

Expiration Date: _____

Return application to: Valerie Hale, City Clerk, 392 N. Main, Crossville, TN 38555
Or email to: malena.fisher@crossvilletn.gov