

**FIREWORKS PERMIT
APPLICATION**

Name of Permittee: _____

Address of Permittee: _____

Drivers Lics#: _____ SOC#: _____ DOB: _____

NM GROSS RECEIPTS TAX NUMBER OF PERMITTEE: _____

INSURANCE#: _____

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By Displaying This Permit, I Agree To Abide By The Following:

1. I understand the McKinley County Fireworks Ordinance completely.
2. I have a #5 ABC (minimum) fire extinguisher in the stand.
3. 50 feet section around the stand is cleared of weeds.
4. I am displaying "NO SMOKING" signs.
5. My stand is 25 feet away from any other building or stand.
6. I am displaying my fireworks permit and ordinance at all times.
7. I understand this is a partial-ban ordinance.
8. I am aware that my stand will be inspected by a Deputy Sheriff and/or a Fire Marshal at any time to insure that all regulations and rules are abided
9. And; all other requirements set by the ordinance.

This permit must be prominently displayed at the permitted location. It is good from _____ through _____. It is conditioned upon adherence to the McKinley County Fireworks Ordinance.

Permittee Signature/Date: _____

Permit Issued By: _____ Date: _____

Inspected By: _____ Date: _____