



**City of Harrisburg
Planning Services**

301 E Willow St. Harrisburg, SD 57032
Phone: 743-5872 x12 Fax: 743-2831

**FIREWORKS
SALES LICENSE
APPLICATION**

Applicant name: _____ Date: _____

Applicant address: _____

Applicant e-mail address: _____ Phone: _____

Address or legal description of sales location: _____

Business name used for fireworks sales: _____

This Application form must be accompanied by:

- A non-refundable Fireworks Sales License Application Fee of \$200.00.
- Proof of liability insurance coverage of at least \$1,000,000.
- A scaled site plan of the proposed sales site.
- A copy of the applicant's South Dakota Sales Tax License.
- A copy of the applicant's state fireworks sales license(s).

I hereby certify that the above information is accurate and correct, that I am authorized to submit this Application, and that I will comply with the provisions of Chapter 5.05 of the Harrisburg Codified Ordinances.

Applicant's signature

FOR CITY USE ONLY

Date received: _____ Date reviewed: _____

Date Fireworks Sales License issued: _____