



FIREWORKS DISPLAY LICENSE APPLICATION

Applicant's Name		
Phone Number(s) where applicant can be reached	Email Address	
Applicant's Address	City	State, Zip
Date of Display	Time of Display	
Exact Location of Display		
Type and Quantity of Fireworks to be used in Display (attach listing if available)		
Manner and location of the storage of the fireworks prior to the display		

List All Persons Who Will Operate the Display:

Name	Age	Description of Relevant Experience



CITY TREASURER * INCOME TAX DIVISION
(517) 483-4121 (517) 483-4114

1ST Floor – City Hall
124 West Michigan Avenue
Lansing MI 48933

VIRG BERNERO, MAYOR

LANSING TREASURY INFORMATION REQUEST

Complete a separate form for each individual subject to verification

Applicant/Employee Information

Name: _____

Home Address: _____

_____ Since _____

Daytime Phone Number: _____

Social Security #: _____

Drivers License #: _____

Date of Birth: _____

Employer/Business Information

Corporate Name: _____

Doing Business As: _____

Address: _____

Business Phone #: _____

Federal Employer Identification #: _____

Do you, or any of these businesses, owe the City money for any reason? Yes ___ No ___

If Yes, for what reason? _____

Name of any other Lansing area business in which your ownership participation exceeds 25% _____

Signature

Date