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

Lansing City Clerk's Office, Chris Swope, City Clerk
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
517-483-4131 • TDD 517-483-4479• 517-377-0068 FAX
www.lansingmi.gov/clerk • clerk@lansingmi.gov

Has the applicant, any person with an ownership interest in the applicant, or any person who will operate the display had any citation or conviction for, or guilty plea to, a violation of the laws of the United States, any State or any local unit of government regulating the sale, use, or possession of fireworks?

☐ Yes ☐ No If yes, disclose details:

_____

_____

_____

Additional Requirements:

1. Non-Refundable License fee of $150.
2. Proof of a bond, an insurance policy naming the City as co-insured, or a combination of both, available for the payment of any damages arising out of an act or omission of the licensee or his agents, employees, or subcontractors, covering the following: (a) At least $500,000.00 for property damage; and (b) at least $500,000.00 for injury to one person and $1,000,000.00 for injury to two or more persons resulting from the same occurrence.
3. Copies of State issued identification for each person who will operate the display.
4. If the applicant is a nonresident person, written appointment of a resident agent to serve as legal representative upon whom all process in an action or proceeding against the person may be served

I certify that neither the Applicant nor any person with ownership interest is in default to the City of Lansing.

By my signature, I swear (or affirm) that all information provided in this application is true.

_____
APPLICANT'S SIGNATURE

********** APPROVALS **********

_____	_____	_____	_____
Police Department	Date	City Treasurer	Date
_____	_____	_____	_____
Fire Marshal	Date	City Attorney	Date

(rev 7/11)

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