



CITY OF ROY FIREWORK LICENSE

PO Box 700 • Roy, WA 98580-0700 • www.cityofroywa.us
Phone (253) 843-1113 • Fax (253) 843-0279

Date: _____ New Application Change/Update Application

APPLICANT INFORMATION:

Legal Name: _____

Doing Business As: _____

Location of temporary stand: _____

Mailing address: _____

Phone number: _____ Fax number: _____

Contact person: _____ Phone number: _____

Washington State Unified Business Identifier (UBI) #: _____

License to sell fireworks issued by State: # _____ Expires: ____/____/20____

Proof of liability insurance coverage in the amount of \$100,000/\$300,000/\$50,000 must be presented:

Liability insurance policy # _____ Expires: ____/____/20____

Insurance Carrier: _____

This license is issued subject to the terms and conditions of Roy Municipal Code, Title 4, Chapter 8. Under penalties of perjury, I declare that I have examined the forgoing and to the best of my knowledge and belief, declare it to be true, complete and correct.

I have read and understand the above statement _____
Signature of Business/Applicant

Please submit with application: \$10.00 fee and \$50.00 performance bond or deposit.

OFFICIAL USE ONLY	
<input type="checkbox"/> Fee \$10.00	License Number: 20____ - _____
<input type="checkbox"/> Performance Bond / Deposit \$50.00	
<input type="checkbox"/> Liability Insurance	
<input type="checkbox"/> Date Received _____	
License Issued by: _____	