



**JACKSON COUNTY  
Collection Department**

[www.jacksongov.org](http://www.jacksongov.org)

## APPLICATION FOR FIREWORKS CLEARANCE

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST ZIP: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST ZIP: \_\_\_\_\_

PRIOR ADDRESS (if less than 2 years): \_\_\_\_\_

\_\_\_\_\_

OTHER PROPERTY ADDRESSES OWNED:

ADDRESS: \_\_\_\_\_

CITY, ST ZIP: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SEASONAL PERMIT  WHOLESALE DISTRIBUTOR APPLICATION

You will be contacted when the clearance is ready or if any further information is needed. Please allow 24 hours for processing. If you have any questions, please email the Collection department at: [Collections@Jacksongov.org](mailto:Collections@Jacksongov.org).

Thank you.