



OFFICE OF THE COUNTY CLERK

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FIREWORKS PERMIT APPLICATION

() **Temporary** (June 20 – July 6: 6 days preceding and including New Year's Day; 3 days preceding and including Chinese New Year, Cinco De Mayo and the 16th of September)

() **Yearly** (Year round)

Name of Permittee: _____

Address of Permittee: _____

Phone: _____ Driver's License #: _____

Last 4 Digits Soc#: _____ Date of Birth: _____

New Mexico BTID Number: _____ Insurance#: _____

Business License Number for Current Year: _____

NM Public Regulation Commission, State Fire Marshal's #: _____

By displaying this permit, I agree to abide by the following:

1. I understand the McKinley County Fireworks Ordinance completely.
2. I have a #5 ABC (Minimum) Fire Extinguisher in the stand.
3. 50 Feet section around the stand is cleared of weeds.
4. I am displaying "NO SMOKING" signs.
5. My stand is 25 feet away from any other building or stand.
6. I am displaying my fireworks permit and ordinance at all times.
7. I understand this is a partial-ban ordinance.
8. I am aware that my stand will be inspected by a Deputy Sheriff and/or a Fire Marshall at any time to insure that all regulations and rules are abided.
9. And; all other requirements set by the ordinance.

This permit must be prominently displayed at the permitted location. It is good from

_____ through _____

It is conditioned upon adherence to the McKinley County Fireworks Ordinance.

Permittee Signature: _____ Date: _____

Permit Issued By: _____ Date: _____

Inspected By: _____ Date: _____