



TOWN OF SMYRNA

FIREWORKS
TRANSIENT VENDOR'S LICENSE

COUNTY _____
CITY _____

AMOUNT \$50.00
CLERK'S FEE \$ 5.00
TOTAL \$55.00

RECEIPT NO. _____
DATE _____

Business Name _____

Location: (s) _____

Date Opened _____

Hours of Operation _____

Description of Vehicle

Make Model

Year VIN #

License Plate Number _____

State of Registration _____

Name on Driver's License _____

Street Address _____

City, State, Zip _____

Signature of Purchaser _____

City Tax Official _____

Permit Expiration Date _____