

**CITY OF MANCHESTER, TENNESSEE**

**DEPARTMENT OF HEALTH AND CODES**

200 W. Fort Street

Manchester, TN 37355

931-723-1464

Email: [gfrazier@cityofmanchestertn.com](mailto:gfrazier@cityofmanchestertn.com)

**PERMIT TO SELL FIREWORKS**

FEE: \$ \_\_\_\_\_

CASE #: \_\_\_\_\_

APPROVED

DISAPPROVED

NO ACTION TAKEN

DATE APPROVED: \_\_\_\_\_

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

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

PHONE: \_\_\_\_\_

GENERAL LOCATION OF SALE: \_\_\_\_\_

Storage, Display, and Location of Fireworks shall be in Compliance with Section 7-407 (a) and (b) of the Manchester Municipal Code.

*A COPY OF YOUR PERMIT FROM THE STATE FIRE MARSHALL MUST BE PROVIDED.*

*THIS PERMIT IS ISSUED IN COMPLIANCE WITH THE REGULATIONS CONTAINED IN THE CITY OF MANCHESTER MUNICIPAL CODE. FAILURE TO REMAIN IN COMPLIANCE WITH THE MANCHESTER MUNICIPAL CODE SHALL CONSTITUTE GROUNDS TO REVOKE THIS PERMIT.*

\_\_\_\_\_  
CHIEF OF POLICE

\_\_\_\_\_  
CODES/SAFETY DIRECTOR

\_\_\_\_\_  
CHIEF OF FIRE

THIS PERMIT SHALL BE VALID FOR ONE (1) YEAR FROM DATE OF ISSUED UNLESS OTHERWISE STATED.