

ARKANSAS RETAIL FIREWORKS LICENSE REQUEST

FEE \$25.00

Name of person applying: _____

Telephone: _____

Address of person applying: _____
Street City Zip

Name of Organization: _____

Address of stand location: _____
Street City Zip

Complete in full and return to:

Shelly Hastings

shelly@wincofireworks.com

Fax: 816-697-2219