



CITY OF ANTHONY

820 HWY 478
Anthony, NM 88021
(575)882-2983 office/ (575)882-2978 Fax
www.cityofanthonymn.com

Application for Fireworks Permit

FIREWORKS PERMIT FEE \$ 125 +\$20.00/day

Application must be received at least fifteen (15) days prior to the beginning date of sales, with a non-refundable Retail Fireworks Permit Fee; in addition to the State Fire Marshall's Fireworks Permit, The City of Anthony Business Registration.

Select one:

New Business Registrations Renewal _____
Location (s) _____
New Location (s) _____

Permit Type:

Retailer Wholesaler Public Display
 Seasonal Retail (12/15-1/2) Seasonal Retail 2(6/20-7/10 &12/15-1/2)

Date stand will be ready for inspection: _____
Name of Applicant: _____
Date of Birth: _____ Contact # _____
Mailing Address: _____
Business Name/Sponsor: _____
Business/Display Location Address: _____
Person/Business Sponsoring Display: _____
Person of Company Conducting Display: _____
Display Date: _____
Display Time: _____

I understand that this Fireworks Permit Application will be reviewed by the City of Anthony Neighborhood Services Dept. After all required documents are submitted including the State Marshall License /Inspection.

Signature of Applicant: _____ Date: _____

---- FOR OFFICE USE ONLY----

Application received by: _____	Date: _____
Firework permit fee received: \$ _____	Receipt #: _____



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PERMIT APPLICATION FOR LICESNE TO SELL FIREWORKS-RETAIL FROM TEMPORARY STAND OCCUPANCY CONDITIONS AND ACKNOWLEDGEMENT

The application is required to review the following requirements. By signing this form, the applicant acknowledges his or her review and agreement to comply with any listed requirements as expressed by the City of Anthony Fire Prevention Division.

1 Provide copies of the following:

- a) Driver License, City, State License or permit.
- b) Site plan showing location of a stand relative to egress paths, distances from building, street, and other structures.
- c) Building Permit for structure issued by City of Anthony Code Department.
- d) Received copy of the Approved Fireworks Listing.
- e) New Mexico Fire Marshal License/Inspection Certification.

2 Maintain full complete records of all purchases of fireworks on site and available for review by City of Anthony Neighborhood Services Officer.

3 Provide at least one Fire Extinguisher with a minimum rating of 2A in the retail stand which is maintained in accordance with NFPA 10.

4 Post "No Smoking" Sign in area of fireworks display.

5 Provide a list of potential employees (name and age) on how they will be selling fireworks. (Minimum age of employees selling/working with fireworks is 16 years old.)

6 Fireworks stand will not be located to impede egress from any building in the event of a fire.

7 Fireworks stand will not be located within 50 feet of any gasoline line, vent line and pump or proximity to a source of possible ignition.

8 If generator is used for lighting shall be refilled (50) fifty feet from the fireworks stand,

By my signature below, I attest under penalty of perjury that the information which I provided is true and accurate. I acknowledge and agree to comply with all applicable requirements of the City of Anthony Fire Prevention Code and Supplement and its referenced standards even those not specifically expressed on their application.

I also acknowledge that if a permit is issued based upon this application, it shall be valid only at the location listed. On this application and the specific date and times for which it is issued.

This application and attachments are submitted with the required permit (\$25.00) on the form of a check or money order made payable to the City of Anthony Treasurer.

If approved for permit issue, I acknowledge that a copy of this application and all its attachments will be available on site during the dates and time noted.

I further acknowledge and understand that any violations identified after permit issuance may result in an immediate permit revocation.

Print Name

Date

Signature of Applicant

Permit #: _____



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BUSINESS REGISTRATION RENEWAL APPLICATION

An application must be completed and submitted along with the \$40.00 fee for the calendar year (January 1 – December 31) for each business location. The fee will not be prorated. Annual renewal business fees are due prior to January 31 of each year. If this date should fall on a weekend, walk-in renewal fees shall be due by the prior business day. Mail –in renewals must be postmarked by January 31. If not paid by that date, a delinquent penalty of \$20.00 per month will be incurred. Business certificates are not issued until all fees due are paid. To change ownership or business location, please contact the County Clerk's Office.

State Taxpayer ID# _____ License Number _____

Name of Applicant/Owner/ Partners/Corporation: _____

Name of Business _____

Type of Business: _____

Are Hazardous Materials stored or used in your business? Yes _____ No _____

Location(s) of Business:

1. Address: _____

City: _____ State: _____ Zip Code: _____

2. Address: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Applicant: _____

Print Name: _____

Contact Person's Phone Number _____

CANCELLATION: To cancel this business registration, complete this from and check the box.

OFFICE USE ONLY

\$40.00 _____

\$20.00 _____

Receipt # _____ Date: _____



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88021

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Storage of Hazardous Materials/Chemicals Facility Inventory Form

Failure to complete and submit this document will result in the denial of your business registration. If you require additional information in completing the form, please call the Office of Doña Ana County Emergency Management at 575-647-7900.

BUSINESS/FACILITY NAME

OWNER/MANAGER

TYPE OF BUSINESS

PHYSICAL ADDRESS

MAILING ADDRESS

BUSINESS PHONE #

EMERGENCY CONTACT #

- A. 1. Does your business have an Evacuation Plan? Yes_____ No_____
2. Does your business have an OSHA Hazard Communication Standard Program? Yes_____ No_____
3. Does your business use, store, manufacture, dispose or dispense hazardous materials/chemicals? Yes_____ No_____
4. Does your business dispose of hazardous materials/chemicals? Yes_____ No_____
- (If yes, give method of disposal and final disposal destination)

5. Is your business required to submit an EPA Risk Management Plan? Yes_____ No_____

- B. 1. Please list all chemicals or hazardous materials which are used, sold, or stored at your business. (Attach additional sheet if necessary)

Gasoline (above ground)_____/gal Gasoline (below ground)_____/gal

Diesel (above ground)_____/gal Diesel (below ground)_____/gal

Provide the name and how close in feet your chemical storage area is to any:

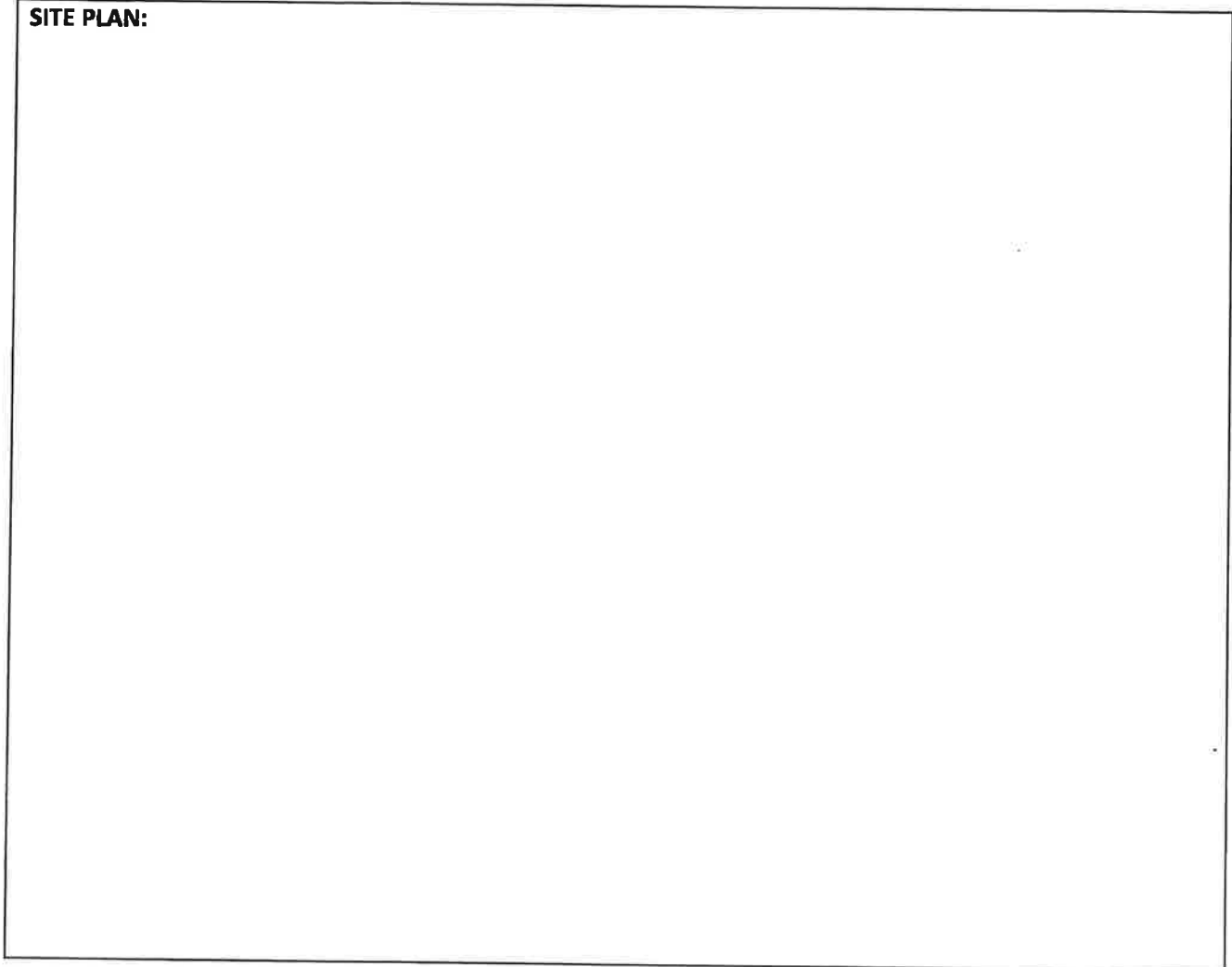
	NAME	DISTANCE	NAME	DISTANCE
SCHOOL			HOSPITAL	
RESTAURANT			STORE	
RESIDENCE			OTHER	

PLEASE COMPLETE OTHER SIDE

Revised by: Eddie Salazar-11/14/2022

ITINERATIVE VENDOR APPLICATION SITE PLAN

SITE PLAN:



By signing below, I affirm that all of the information provided to apply for a Itinerate Vendor's License/Itinerate Street Vendor Permit is true and correct and I agree to comply with Ordinance #2011-01 and all of the City of Anthony rules, regulations and ordinances.

Applicant Signature

Date

--FOR NEIGHBORHOOD SERVICES DEPARTMENT ONLY--

DIRECTOR OF NEIGHBORHOOD SERVICES

ZONING APPROVAL

APPLICATION FEE

CLERK'S RECEIPT #

RECEIVED BY

PERMIT #

NAME OF EVENT

START DATE/TIME

END DATE/TIME

Revised by: Eddie Salazar-11/14/2022