

CITY OF CHANUTE
APPLICATION FOR FIREWORKS LICENSE
(RETAIL: JUNE 29 – JULY 5)

1. LOCATION OF FIREWORKS STAND _____

2. APPLICANT:
- A. NAME _____
- B. HOME ADDRESS _____
- C. TELEPHONE NUMBER _____
3. OPERATOR(S) OF FIREWORKS STAND:
- A. NAME(S) _____
- B. HOME ADDRESS _____
- C. TELEPHONE NUMBER _____
4. OWNER OF FIREWORKS STAND:
- A. NAME _____
- B. ADDRESS _____
- C. TELEPHONE NUMBER _____
5. KANSAS SALES TAX REGISTRATION NO. _____
6. CERTIFICATION:

I do hereby certify I have a copy of the current regulations governing the storage, sale and handling of fireworks adopted by the Kansas State Fire Marshall.

SIGNATURE OF APPLICANT

DATE

This application and \$_____ fee was received in the Office of the City Clerk
this _____ day of _____, 20____.

Received by: _____

INSPECTED AND APPROVED BY: _____

FIRE CHIEF

DATE

This completed application will serve as license to retail fireworks after inspection and approval by the Fire Chief.