

**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.*

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SIGNATURE OF APPLICANT

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DATE

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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.*