

**CITY OF CHANUTE  
APPLICATION FOR FIREWORKS LICENSE  
(RETAIL: JULY 1 – JULY 4)**

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

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

Received by: \_\_\_\_\_

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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.*