

Application and Permit for Retail Sale of Fireworks

Caldwell, Kansas

Applicant Name _____ Phone _____

Address _____ City/St./Zip _____ email _____

Business/Organizations _____ Phone _____

Address _____ City/St./Zip _____ email _____

Fireworks Stand Location _____ Existing Building Stand Tent

*****If located in a tent, proof of flame retardant must be attached*****

Insurance Carrier _____

*****Attach copy of Certificate of Insurance*****

Property Owner's Name _____ Phone _____

Property Owner's Mailing Address _____ email _____

Dates of Operation will be from _____ to _____

Additional Contact person other than applicant _____ phone _____

Address _____ City/St/Zip _____ email _____

As conditions for the issuance of this Permit I agree to:

1. Pay the Permit Fee of \$250.00
2. Provide a certificate of Liability Insurance or Bond in the amount of \$1,000,000
3. Abide by all administrative regulations of the State of Kansas, County of Sumner and City of Caldwell; pertaining to the display and handling of Fireworks.
4. Provide a copy of a State Sales Tax Certificate issues in the name of the applicant.
5. Display this Permanent prominently within the Fireworks Stand at all times.

Applicant's Signature

Date

I certify that on this date the building or structure located at the above location is in compliance with all applicable fireworks ordinances and codes of the City of Caldwell and all regulations of the State fire Marshall and the State of Kansas.

Fire Chief's Signature _____

Date _____

The above named individual has provided the required documentation and met all the requirements to receive a permit for retail sale of Fireworks at the above named location and is hereby issued said permit.

City Clerk Signature _____

Date of Application _____