



OFFICE OF THE CITY CLERK

100 East Washington Street, P.O. Box 797

Kearney, Missouri

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EMAIL: JUpdike@ci.kearney.mo.us

APPLICATION FOR FIREWORKS PERMIT

Date license fee paid _____

Date cleanup fee paid _____

Fee is \$1500 for license.

Cleanup fee is \$1000.

DATE OF APPLICATION _____

NAME OF STAND OWNER _____

NAMES OF OPERATORS _____

NAME/ADDRESS OF INSURANCE AGENCY SUPPLYING LIABILITY AND INSURANCE
(Provide Certificate of Insurance)

LOCATION OF STAND _____

TYPE OF CONSTRUCTION OF STAND _____

TYPE OF FIRE EXTINGUISHERS _____

MO DEPT OF REVENUE SALES TAX NUMBER _____

With my signature I am acknowledging receipt of a copy of the Fireworks Ordinance including amendments. I also understand and agree to abide by all rules and regulations of the Ordinance.

APPLICANT SIGNATURE _____ PHONE _____

ADDRESS _____

The above fireworks stand and location has been approved.

The above fireworks stand and location has NOT BEEN APPROVED.

Kearney Fire Chief

Reason, if not approved _____

Approved by Mayor and Board of Aldermen: _____

DATE

City Clerk

fireworksapp