St. Clair Fire Protection District

Dedicated to preserve life and property

www.scfpd.org

APPLICATION FOR FIREWORKS STAND PERMIT

DATE: _____

LOCATION OF STAND: _____

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE: _____

STAND SIZE: _____ **TYPE:** _____

DAYS OF WEEK AND HOURS OF OPEATION:

MONDAY: _____ FRIDAY: _____

TUESDAY: _____ SATURDAY: _____

WEDNESDAY: _____ SUNDAY: _____

THURSDAY: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT CELL #: _____

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I agree to comply with the Ordinance of the St. Clair Fire Protection District as it pertains to the fireworks stand. Any violation of the provisions of the Ordinance, including but not limited to: Display of Permit, conducting business on hours other than listed on this form, refusing inspections as requested by the Fire Marsal, or making false statements on this application, will revoke the permit, without any fee refund to the applicant.

DATE: _____ SIGNATURE: _____

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The following items are needed to obtain a permit for a seasonal fireworks stand, building, or tent. Please submit the following items along with this completed application and payment in the form of a check, cashier's check, or money order. (Documents can be emailed to: inspections@scfpd.org)

Please note that the District cannot accept cash

Certificate of Liability Insurance
Certificate of No Tax Due (Missouri Dept. of Revenue)
Temporary Sales License
Certificate of Flame Resistance of tent
Missouri Sales Tax ID for fireworks
State Fireworks Permit (Missouri Division of Fire Safety)

PERMIT #: _____ ISSUED BY: _____ DATE: _____

FEE AMT: _____ RECEIVED BY: _____ DATE: _____

CHECK #: _____