

Union Fire Protection District

1401 West Springfield
Union, MO 63084
636-583-2515
Fax 636-583-6433

FIREWORKS RETAIL STAND PERMIT APPLICATION

DATE: _____

LOCATION OF STAND: _____

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE# _____

DAYS OF THE WEEK AND HOURS OF OPERATION:

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT CELL #: _____

I or We hereby agree to comply with the Ordinance of the Union Fire Protection District as it pertains to fireworks stands. Any violation of the provisions of the Ordinance, including but not limited to: Display of Permit, conducting business on hours other than reported on this form, refusing inspections as requested by the Fire Marshal, or making false statements on this application, will revoke the permit, without any fee refund to the applicant. Before any permit shall be issued for any fireworks stand, the applicant shall pay a fee of \$1.00 per square foot, minimum of \$50.00 and \$1,000.00 maximum, payable to the **Union Fire Protection District**.

DATE: _____ **SIGNATURE:** _____

Office use only:

Copy of Insurance: YES or NO

Copy of Ownership/Lease Agreement: YES or NO

Copy of Plot Plan: YES or NO

Copy of Certificate of Flame Resistance of tent: YES or NO

Copy of Missouri Sales Tax ID for fireworks: YES or NO

Copy of State Fireworks Permit: YES or NO

PERMIT FEE: _____ **DATE RECEIVED:** _____ **BY:** _____