

**EOLIA COMMUNITY FIRE PROTECTION DISTRICT  
FIREWORKS STAND PERMIT APPLICATION**

---

**Applicant Information**

Name of Applicant/Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Stand Location Information**

Physical Address of Fireworks Stand: \_\_\_\_\_  
Property Owner Name (if different): \_\_\_\_\_  
Property Owner Phone: \_\_\_\_\_

---

**Dates of Operation**

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_

---

**Stand Details**

Type of Stand (check one):

- Temporary Stand
- Trailer
- Permanent Structure

Size/Dimensions of Stand: \_\_\_\_\_

Will electricity be used?  Yes  No

If yes, describe source: \_\_\_\_\_

---

**Safety Requirements (Applicant Initials Required)**

- \_\_\_\_\_ Fire extinguisher(s) present and accessible
- \_\_\_\_\_ No smoking signs posted
- \_\_\_\_\_ Stand will be attended at all times during operation
- \_\_\_\_\_ Fireworks stored in a safe and secure manner

\_\_\_\_\_ Stand complies with all local and state fire codes  
\_\_\_\_\_ Clear access maintained for emergency vehicles

---

**Permit Fee**

A non-refundable permit fee of **\$100.00** is required at the time of application.

Payment Method:

- Cash
- Check (Payable to Eolia Community FPD)
- Other: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_

---

**Applicant Certification**

I hereby certify that the information provided is true and accurate. I agree to comply with all applicable fire codes, ordinances, and regulations set forth by the Eolia Community Fire Protection District and the State of Missouri.

Signature of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_

---

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Permit Approved:  Yes  No

Inspection Required:  Yes  No

Inspector Name: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Permit Issued By: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_