

PERMIT #: _____

SULLIVAN FIRE PROTECTION DISTRICT FIREWORK PERMIT

P.O. Box 475 • SULLIVAN, Mo. 63080 • 573-468-6161 • FAX 573-468-2623 • EMAIL: SFPDFIREMARSHAL@GMAIL.COM



Applicants are to fill out top section. A life safety inspection of your business will be conducted. Before the business can open, all violations must be corrected. The Sullivan Fire Protection District has adopted and follows the same requirements as the State of Missouri. Permit fees must be paid at time the application is submitted. Any questions please contact the fire marshal.

Date: _____

Physical Address: _____ Business Name: _____

Business Owner Name: _____ Business Owner Phone: _____ email: _____

Property Owner Name: _____ Property Owner Phone: _____ email: _____

Insurance 1,000,000.00 Liability: Yes / No (Please Provide Proof) Tent Material: _____ Width: _____ Length: _____

Sullivan City Limits: Yes / No County: _____ Fire Extinguisher: Yes / No Emergency Lighting: Yes / No Exit Lights: Yes / No

**** Certificate of occupancy is valid for June 20 through July 10. Any extension must be approved by the Fire Marshal.**

Fire District Use Only

DATE	ACTION	INSPECTOR

FINAL INSPECTION DATE: _____ INSPECTOR: _____