



COTTLEVILLE FIRE PROTECTION DISTRICT

FIREWORKS OPERATIONAL PERMIT APPLICATION

Business Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Owner Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Name: _____ Phone #: _____

Signature of Owner or Agent

Date

Type of Operation to be conducted (Check the one that applies)

Sale, Manufacturing, Storage, Handling or Use of Fireworks, or Pyrotechnic Special Effects

Fireworks Display

Pyrotechnic Special Effects Material, Use or Handling

Date(s) of Event: (Starting) _____ (Ending) _____

Size of Buildings, Structures, Tents, etc.

Permanent Building Area: _____ sq. ft. Temp. Building Area: _____ sq. ft.

Number of Buildings: _____ Total Area: _____ sq. ft.

Distances

(Provide a site plan or draw a diagram on back of this sheet showing display site)

To property line: _____ ft. To buildings on same site: _____ ft.

To roadways: _____ ft. To overhead obstructions: _____ ft.

To spectators: _____ ft. To parking area(s): _____ ft.

Size of largest mortars to be used: _____ Inch. Total quantity of all mortars: _____

Operator in charge of display: _____
(Type of Print Name) (Signature)

Operator's Missouri State Shooters License #: _____

Address to be inspected: _____

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------(Office Use Only)-----

Permit #: _____ Permit Fee: _____ Date Paid: _____

Bond/Certificate of Ins. Provided: ___ Yes ___ No Amount Required: _____

APPROVED NOT APPROVED Date: _____

Fire Official

This Permit begins on _____ and expires on _____

Special Stipulations: _____

(Provide Site Drawing Below)

Site Drawing By: _____
(Print of Type Name)

Date: _____