



Community Development Department
 201 S. Pearl Street / Suite 201
 Paola, KS 66071-1777
 913-294-9553 / 913-294-9545 (fax)

**CONSUMER FIREWORKS RETAIL SALES (CFRS)
 PERMIT APPLICATION**

Vicinity of Proposal: _____

| PROPERTY OWNER | APPLICANT / FACILITY OPERATOR |
|-----------------|-------------------------------|
| NAME: | NAME: |
| | |
| ADDRESS: | ADDRESS: |
| | |
| PHONE: | PHONE: |
| | |
| EMAIL: | EMAIL: |
| | |
| FAX: | FAX: |
| | |

Note: If applicant is a corporation or limited liability company, provide on a separate page a list of all officers, directors, and registered agents. Include addresses and all contact information.

Circle which type of facility the fireworks will be sold from: Stand / Tent / Canopy / Membrane Structure / Existing Building

Facility Dimensions: _____

Approximate quantity/volume of 1.4G material that will be in the facility: _____

Will electric power be provided to the facility? _____ **Source:** _____

Type of Solid Waste Containment/Service (trash): _____

Wastewater facilities that will be used and name of company providing porta-potties if applicable: _____

Property Owner(s) Signatures: _____ *Date:* _____

Property Owner(s) Signatures: _____ *Date:* _____

Applicant / Facility Operator Signature: _____ *Date:* _____

“This institution is an equal opportunity provider and employer.”