

Sni Valley Fire Protection District

APPLICATION FOR FIREWORKS PERMIT

Type of Permit: _____
MUST APPLY 14 DAYS PRIOR TO DISPLAY

Name of Business: _____
 Owner of Business: _____
 Address of Business: _____
 City: _____ County: Jackson Lafayette
 Business Phone Number: _____
 Applicant Name: _____

Product Supplier Information:
 Business Name: _____
 Contact Person: _____ Phone: _____

Required Documents:

RETAILER	DISPLAY
\$25.00 Sni Valley Permit Fee	Sni Valley Display Application
MO Retail Sales License	\$25.00 Sni Valley Permit Fee
County Merchant License	MO Retail Sales License
Permit or Letter from City	Merchant or Retail Sales License
Certificate of Liability	Permit or Letter from City
	Insurance Certificate
	Shooter License
	Site Plan

I _____ **Owner**, certify that I am familiar with the rules and regulations of Chapter 320.106-161 RSMo., Uniform Fire Code and its revisions as it pertains to the fireworks industry in the State of Missouri.

I _____ **Applicant**, certify that I am familiar with the rules and regulations of Chapter 320.106-161 RSMo., Uniform Fire Code and its revisions as it pertains to the fireworks industry in the State of Missouri.

Sni Valley F.P.D.
 1600 S. Broadway
 PO Box 589
 Oak Grove, MO 64075-0589
 (816) 690-6990
 (816) 690-6191 Fax

Make Checks Payable to Sni Valley Fire Protection District