



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.

Select 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:* _____

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

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