



CITY OF JUNCTION CITY
RETAIL FIREWORKS STAND APPLICATION - YEAR _____
 (Application Deadline June 15th of current calendar year)

Submit application, attachments and fee to: Junction City Fire Department, P O Box 287, Junction City, KS 66441.
 Questions may be directed to the Junction City Fire Department at 785-238-6822.

BUSINESS INFORMATION					
Business Name:				Business Telephone:	
Contact Name:				Contact Telephone:	
Mailing Address:		Street	Ste	City	State Zip Code +4
CONTACT INFORMATION					
Contact Person for Stand Name:				Contact Telephone:	
Title:				24 Hour Telephone:	
RETAIL SALES LOCATION					
Site Location:				Site Plan Approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STORAGE AREA LOCATION					
Site Location:				Site Plan Approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	
INSURANCE INFORMATION					
Insurance Company Name:		Bodily Injury & Property Damage Coverage Amt: \$ _____		Copy of Certificate Attached?	
Certificate or Policy No.:		Cert. Effective Date: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Cert. Expiration Date: _____			
AGREEMENT					
I agree to all requirements of the Junction City Fire Department as a condition of this permit and license and the requirements of STORAGE AND SALE OF CLASS 'C' FIREWORKS within the City of Junction City.					
**Signature		Print Name & Title			Date
**Signature		Print Name & Title			Date
Copy of Sales Tax Certification Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		Copy of Site Plan for Sales Location Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Copy of Distributors License Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		Copy of Site Plan for Storage Location Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Fee Payment Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Office Use Only - Do Not Write in This Area					
	Date	Approved	Denied	Signature	Fee Paid Yes <input type="checkbox"/> No <input type="checkbox"/>
Application Received	_____	_____	_____	_____	Date Paid _____
Inspection Completed	_____	_____	_____	_____	Form of Payment _____
Permit	_____	_____	_____	_____	Collected By _____

**Signatures must be that of a responsible party. Legal signatures include: sole proprietor-owner, corporate officer, partner and managing member or agent.