

FIREWORKS STAND APPLICATION

Code of Ordinances Section 13-52

Note: This application must be submitted on or before June 25 of any year for which the permit is sought.

Applicant's Name _____

Applicant's Phone # _____

Applicant's E-Mail Address _____

Business/Sponsor/Organization _____

Business/Sponsor/Org Address _____

Business/Sponsor/Org Phone# _____

On Site Contact Person (additional to applicant) _____

On Site Contact Person's Address _____

On Site Contact Person's Phone # _____

Location of Fireworks Stand _____

Where will fireworks be stored prior to sale dates and after sale dates? _____

Applicant's Signature _____ Date _____

Attached copy of ordinance is required to be on sell site at all times. Provided safety rules must be prominently displayed on site along with the permit.

Required Attachments

- **State of Kansas Distributor's License indicating from whom the fireworks will be purchased.**
- **If stand is to be located in a tent, proof of flame retardants must be attached.**
- **Letter from property owner stating permission to sell at designated location.**

I certify that on this date the building or structure located at the above locations is in compliance with all applicable building, electrical and plumbing codes and also meets all zoning regulations of the City of Manhattan.

Code Inspector's Signature _____ Date _____

I certify that on this date the building or structure located at the above location is in compliance with all applicable fireworks ordinances and codes of the City of Manhattan and all regulations of the State Fire Marshal and the State of Kansas.

Fire Inspector's Signature _____ Date _____

I certify that on this date the designated location of this fireworks stand meets all zoning regulations of the City of Manhattan.

Planning and Zoning Rep _____ Date _____

FOR OFFICE USE ONLY

Date of Application _____

Ks Distributor's License Attached
(who will fireworks be purchased from) _____

Flame Retardant Certificate Attached Yes N/A reason _____

Property Owner's Permission Letter Attached Yes N/A reason _____

Fee (Section 13-52)
\$250.00 _____

Receipt Number _____

Check # _____ Cash Credit Card



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs, and activities. In order for us to provide a suitable accommodation, we ask that you request what assistance is desired by contacting the **Customer Service Office, 1101 Poyntz Avenue, or call 587-2480** or the TDD Kansas Relay Center at 1-800-766-3777. We are here to assist you in the registration/application process as well.