

City of Sedgwick - Retail Sales of Fireworks



Applicant Information

Name of Organization/Firm: _____

Description of Organization: _____

Proposed Sales Location: _____

Owner of Property: _____

Owner's Address: _____ Owner Phone: _____

Contact Person for Organization/Firm: _____

Contact Address: _____ Contact Phone: _____

Supplementary Information

Name of Insurance Provider: _____

Name of Agent: _____ Date Coverage Effective: _____

Supplier of Fireworks: _____

Supplier Address _____ Supplier Phone: _____

Describe the location and facilities used for storage: _____

Describe the size of materials used in construction of the proposed stand: _____

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If a tent is used, has it been rendered fire resistive? Yes No

If answer is YES, provide certificate verifying that tent has been rendered fire resistive.

Do you have written permission from the property owner to use the proposed site for retail sale of fireworks? Yes No

If answer is YES, attach a copy of the authorization to this application.

Applicant Certification

I, _____, making application to the City of Sedgwick for the retail sales of fireworks, state that I have read the city ordinances governing such activity and fully understand the requirements as set forth. By signing this application, I certify that all facts stated thereon are true and accurate to the best of my knowledge.

Signature: _____

Date: _____

***** Office Use Only *****

Permit Number: _____ Date of Application: _____

Date Site was Inspected: _____ Inspected By: _____

Was Site in Full Compliance? Yes No

Has Permit been paid to City Clerk? Yes No

Was Permit Issued? Yes No

If no permit was issued, state reason:

Total Collected: _____