



BUSINESS LICENSE DIVISION

Neighborhood Resource Center

Unified Government of Wyandotte County/ Kansas City, Kansas

4953 State Avenue, Kansas City, Kansas 66102

p. (913) 573-8780 | f. (913) 573-8622 | e-mail: businesslicense@wycokck.org

Office Use 1-20

Parent Record # _____

FIREWORKS DISPLAY APPLICATION

Date _____

Date of Display _____

Please Print the Following Information:

SPONSOR OF DISPLAY _____

SPONSOR ADDRESS _____ CITY _____ ST/ZIP _____

PHONE _____ DATE OF BIRTH _____ SS# _____

AGENT FOR SPONSOR: NAME _____ PHONE _____

ADDRESS _____ CITY _____ ST/ZIP _____

LOCATION OF DISPLAY: _____

PYROTECHNICIANS

NAME: _____

ADDRESS: _____

YEARS OF EXPERIENCE _____ Physical condition: _____

NAME: _____

ADDRESS: _____

YEARS OF EXPERIENCE _____ Physical condition: _____

NAME: _____

ADDRESS: _____

YEARS OF EXPERIENCE _____ Physical condition: _____

FIREWORKS TO BE DISCHARGED:

NUMBER

KIND

NUMBER

KIND

Storage of Fireworks between date of purchase and date of display:

Location: _____

Manner of storage: _____

Affix a diagram or sketch of the grounds on which the display is to be held, showing the point at which the fireworks are to be discharged, the location of all buildings, streets and other line of communication; the lines behind which the public will be restrained; and the location of all nearby trees, telegraph or telephone lines or other overhead obstructions

-OVER-

Applicant has provided certificate of liability insurance, in the minimum amount of \$500,000.00 per occurrence, combined single limit bodily injury and property damage. In addition, Applicant agrees the city shall be an additional named insured on the aforementioned insurance policy, as required by ordinance for the completion of this temporary permit and has provided a certificate of insurance indicating such coverage.

YES NO

I HEREBY CERTIFY THAT THE STATEMENTS HEREIN ARE TRUE.

Signature and Title

OFFICE USE ONLY

Risk Management Approval _____ Date: _____

Fire Marshall Approval _____ Date _____

License Approval _____ Date _____

Record # _____

License Fee: \$100.00

Occupation Tax: \$ 55.00