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.

<table>
<thead>
<tr>
<th>BUSINESS INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name:</td>
</tr>
<tr>
<td>Contact Name:</td>
</tr>
<tr>
<td>Mailing Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person for Stand Name:</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>24 Hour Telephone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RETAIL SALES LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Location:</td>
</tr>
<tr>
<td>Site Plan Approved?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STORAGE AREA LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Location:</td>
</tr>
<tr>
<td>Site Plan Approved?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSURANCE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Company Name:</td>
</tr>
<tr>
<td>Bodily Injury &amp; Property Damage Coverage Amt: $</td>
</tr>
<tr>
<td>Certificate or Policy No.:</td>
</tr>
<tr>
<td>Cert. Effective Date:</td>
</tr>
<tr>
<td>Cert. Expiration Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGREEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Signature**
Print Name & Title
Date

**Signature**
Print Name & Title
Date

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

<table>
<thead>
<tr>
<th>Copy of Sales Tax Certification Attached?</th>
<th>Copy of Site Plan for Sales Location Attached?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Copy of Distributors License Attached?</th>
<th>Copy of Site Plan for Storage Location Attached?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fee Payment Attached?</th>
<th>Copy of Agreement from Property Owner/Mgr Attached?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

Fee Paid
Yes □ No □

Office Use Only - Do Not Write in This Area

Signed Date

Fee Paid

Collected By

H:\FORMS\FIREWORKS PERMIT 01092015