



**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.

| <b>BUSINESS INFORMATION</b>  |  |  |   |   |  |
|--|--|--|---|---|--|
| Business Name:   |  |  |   | Business Telephone:   |  |
| Contact Name:  |  |  |   | Contact Telephone:  |  |
| Mailing Address:   |  | Street   | Ste   | City  | State Zip Code +4  |
| <b>CONTACT INFORMATION</b>   |  |  |   |   |  |
| Contact Person for Stand Name:   |  |  |   | Contact Telephone:  |  |
| Title:   |  |  |   | 24 Hour Telephone:  |  |
| <b>RETAIL SALES LOCATION</b>   |  |  |   |   |  |
| Site Location:   |  |  |   | Site Plan Approved?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>STORAGE AREA LOCATION</b>   |  |  |   |   |  |
| Site Location:   |  |  |   | Site Plan Approved?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>INSURANCE INFORMATION</b>   |  |  |   |   |  |
| 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: _____                           |   |   |  |
| <b>AGREEMENT</b>   |  |  |   |   |  |
| 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?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  | Copy of Site Plan for Sales Location Attached?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>      |   |  |
| Copy of Distributors License Attached?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |  | Copy of Site Plan for Storage Location Attached?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>    |   |  |
| Fee Payment Attached?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  | Copy of Agreement from Property Owner/Mgr Attached?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |  |
| <b>Office Use Only - Do Not Write in This Area</b>   |  |  |   |   |  |
|  |  | Date   | Approved  | Denied  | Signature  |
| Application Received   |  | _____  | _____   | _____   | _____  |
| Inspection Completed   |  | _____  | _____   | _____   | _____  |
| Permit   |  | _____  | _____   | _____   | _____  |
|  |  |  |   | Fee Paid  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  |  |  |   | Date Paid   | _____  |
|  |  |  |   | Form of Payment   | _____  |
|  |  |  |   | Collected By  | _____  |

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