

Cottleville Fire Protection District

FIREWORKS SALES PERMIT APPLICATION

Permit Fee: \$2500

Sales Location		
Address:		
City:	Zip Code:	
Business Name:		Phone:
Business Address:		
City:	State:	Zip Code:
Applicant Name:		
Applicant Email: (A copy of the permit will be	emailed to the email addres	ss provided)
Applicant Phone #:		
		,000, or a public liability insurance nit application? Y N
By signing below, the application agent for the business owne	_	s the business owner, or an authorized
Applicant Signature:		Date:
***	Do Not Write Below – Offic	e Use Only ***
	Permit #:	
Date Paid:	Method of Pa	yment: