

**JACKSON COUNTY FIREWORKS PERMIT APPLICATION FOR
NON-PROFIT ORGANIZATION SEASONAL SALES PERMIT for period of May 21 to July 5 annually**

APPLICANT INFORMATION:

Name of Non-Profit Organization (ANPO@): _____

Mailing Address of NPO: _____

Contact Information: _____

E-Mail Address: _____

NPO Authorized Representative: _____

Authorized Representative=s Address:

Authorized Representative=s Contact Information:

Proposed Location for Seasonal Sales Site: _____

(Please be as exact as possible as to the site address or intersection involved; identify ownership and provide proof that owner will grant permission for the use of the site; attach photograph of proposed location site area if available)

Attach copies of Missouri Temporary or Retail Sales License, State Consumer Fireworks Seasonal Sales License/Permit, Missouri and County Certificate of No Tax Due/Tax Clearance

Now on this ___ day of _____, 20 ___, comes the Applicant to the Clerk of the Legislature for a Seasonal Sales Permit pursuant to Chapter 56, Jackson County Code, 1984.

Applicant by Authorized Representative