

**APPLICATION FOR ISSUANCE OF JACKSON COUNTY LICENSE AUTHORIZING
SALES AND STORAGE BY WHOLESALE DISTRIBUTOR OF CONSUMER FIREWORKS**

APPLICANT INFORMATION:

Name of Wholesale Distributor ("WD"): _____

Mailing Address of WD: _____

Contact Information:

E-Mail Address: _____

WD Authorized Representative: _____

Authorized Representative's Address: _____

Authorized Representative's Contact Information: _____

Proposed Location for Wholesale Sales Site: _____

Proposed Location for each Retail Sales Site: _____

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

Attach copies of Missouri Temporary or Retail Sales License, State Consumer Fireworks Wholesale Distributor License, Missouri and County Certificate of No Tax Due/Tax Clearance. Include fees for the Wholesale site and every Retail Site.

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

Applicant by Authorized Representative