

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

APPLICANT INFORMATION:

Name of Individual, Partnership, or Corporation _____

If operating under a Wholesale Distributor, list name of Distributor: _____

Mailing Address: _____

Contact Information: _____

E-Mail Address: _____

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.

Applicant by Authorized Representative