



JACKSON COUNTY
Collection Department – Kansas City

415 East 12th Street, Suite 100
Kansas City, Missouri 64106
www.jacksongov.org

(816) 881-3232

APPLICATION FOR FIREWORKS CLEARANCE

BUSINESS NAME: _____

ADDRESS: _____

CITY, ST ZIP: _____

OWNER NAME: _____

ADDRESS: _____

CITY, ST ZIP: _____

PRIOR ADDRESS (if less than 2 years): _____

OTHER PROPERTY ADDRESSES OWNED:

ADDRESS: _____

CITY, ST ZIP: _____

DAYTIME PHONE #: _____

EMAIL ADDRESS: _____

SEASONAL PERMIT WHOLESALE DISTRIBUTOR APPLICATION

You will be contacted when the clearance is ready or if any further information is needed. Please allow 24 hours for processing. If you have any questions, please email Karey Schulze at KSchulze@Jacksongov.org.

Thank you.