



City Of Coffeyville, Kansas
P.O. Box 1629
Coffeyville, Kansas 67337

City Clerk's Office
620-252-6108 phone
620-252-6175 fax

www.coffeyville.com
information@coffeyville.com

SALE OF FIREWORKS APPLICATION

Date _____

Applicant _____

Location of Fireworks Stand _____ Coffeyville, KS 67337

Organization _____ Phone _____

Address _____

Email address _____

Phone _____

Kansas Sales Tax Number _____

In signing this application, I acknowledge that I have read and understand the attached copies of the Code of Ordinances and Fireworks Rules and Regulations of the City of Coffeyville, Kansas. I further acknowledge responsibility for compliance with said City Codes and understand that any violation of said City Codes is subject to penalty as set out in Section 20-136 of the Code of Ordinances. I also acknowledge that any portion of the permit fee shall not be refundable upon failure to qualify for the permit or withdrawal or cancellation of the application or permit, or failing to comply with all rules of the Chief of the Fire Department and/or the State Fire Marshall.

Applicant signature

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To be completed by Fire Department:

This application is _____ approved _____ disapproved for issuance of fireworks permit and _____ does _____ does not comply with all regulations as set out by the code of ordinances.

If disapproved, reason: _____

Signature of Fire Chief or designee

Fee: \$150

Provide list of Firework stands to PD & FD