

City of Russellville Fire Department

Fireworks Permit Approval

(City's Fire Chief Signature Required)

In accordance with KRS 227.700, the storage of consumer fireworks, display fireworks or theatrical pyrotechnic devices shall be reported in writing to the State Fire Marshal and the local Fire Chief having jurisdiction where the subject facilities are located. The initial report for permanent business establishments open year-round shall be submitted between January 1, 20__ and January 31, 20__ for existing business and 15 days prior to initiation of for newly established businesses.

Name of Applicant _____ KY Sales & Use Tax Number _____

(Note: a copy sales and tax permit must be submitted before fireworks registration will be issued)

Mailing Address _____
City, State, Zip Code Phone Number Email Address

Name of Tent Installer Information: _____
Name Phone

Address _____ Anticipated Start Date of Fireworks Sales _____ to _____

Facility Type: Tent ___ Temporary Stand ___ Existing in Store Display Sales ___ New Building ___

Type of Fireworks Stored: ___ Consumer Fireworks ___ Theatrical Pyrotechnic Devices ___ Display Fireworks

Location of Stored Fireworks (Street Address Must be Provided) Initial Date of Firework Storage _____

City, State, Zip Code _____ County _____

Name of Fireworks Supplier _____ Name of Business/Temporary Stand _____

Location of Business/Temporary Stand (Street Address Must be Provided)

Location _____ City, State _____ Zip Code _____ County _____

Name of Owner/Lessee of the Property _____

Is the tent in the parking lot of a business? yes ___ no ___ If yes, what is the name of the business: _____

Number of tents: _____ Total Square Feet in Tent(s) _____ Square Foot of Each Tent _____ Date of Tent Set-up: _____

Proposed Date of Removal: _____ The Distance to the Nearest Building _____ Aboveground Storage Tanks _____

Propane Dispensing Station _____ The Distance to the Nearest Fueling Dispensers _____

Description of How Fireworks Will Be Stored: _____

This form must be given to the City of Russellville, Building/Planning & Zoning Inspector upon the signature approval of the City of Russellville Fire Chief.

All information provided herein is accurate and true to the best of my knowledge.

Date: _____ Signature: _____ Title: _____

Fire Chief, Scot Celsor
City of Russellville Fire Dept.