

**CITY OF RUSSELLVILLE**  
**DEPARTMENT OF HOUSING, BUILDING and CONSTRUCTION**  
168 South Main Street, Russellville, Kentucky 42276  
270-726-5022 ---- Fax 270-726-5043----Cell 270-772-4286

**FIREWORKS**  
**TENT CONSTRUCTION PERMIT APPLICATION**

DATE \_\_\_\_\_

PROPERTY OWNER OR USER \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

LOCATION OF THE TENT \_\_\_\_\_

OWNER PHONE NUMBER \_\_\_\_\_

TENT INSTALATION CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY CONTRACTOR BUSINESS LICENSE # \_\_\_\_\_ Phone # \_\_\_\_\_

SIZE OF THE TENT \_\_\_\_\_

EXPECTED USE OF TENT \_\_\_\_\_

INSTALATION DATE \_\_\_\_\_ EXPECTED REMOVAL DATE \_\_\_\_\_

All Tent applications shall be accompanied with a set of drawings that clearly depict the complete installation. All Tents used for fireworks, sales whether for profit or non-profit shall be located in an area that is zoned for commercial use. All tents shall be installed for a limited time of not more than thirty (30) days.

All Tent applications are reviewed on an individual basis and permitted according to size, type, and use.

**Permit cost for tents used in Fireworks sales are based at a cost of **\$75.00** for tents up to 1,600 sq ft and **\$150.00** for tents over 1,600, to a maximum of 3,200 sq ft.**

**A copy of a Russellville Business License, a certificate of liability insurance, a copy of the lease agreement for the area to be used, a copy of the Kentucky fireworks registration, and a copy of the permit granted by the Russellville Fire Chief, shall accompany the application.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Cost of Permit

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Joe Perry  
Zoning Administrator

# City of Russellville Fire Department

## Fireworks Permit Approval (City's Fire Chief Signature Required) Permit Fee: \$150.00

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 City / State / Zip

Anticipated Dates of Fireworks Sales: \_\_\_\_\_ to \_\_\_\_\_

Initial Date of Firework Storage: \_\_\_\_\_

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)

Address, 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: \_\_\_\_\_

Distance to the Nearest Building \_\_\_\_\_ Aboveground Storage Tanks \_\_\_\_\_ Propane Dispensing Station \_\_\_\_\_

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.