



Community & Development Services  
 300 W. Ash, Room 205  
 P.O. Box 736  
 Salina, KS 67402-0736  
 (785) 309-5720

For office use only:

Date Appl. Rec'd: \_\_\_\_\_  
 Appl. Fee Amount: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_

Permit Year: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_  
 Zoning: \_\_\_\_\_

## APPLICATION FOR CONSUMER FIREWORKS FACILITY TEMPORARY USE PERMIT

APPLICATION MUST BE **COMPLETED CORRECTLY AND RETURNED** TO COMMUNITY & DEVELOPMENT SERVICES **ON OR BEFORE MAY 20 OF EACH YEAR** AND MUST BE ACCOMPANIED BY A **NON-REFUNDABLE FILING FEE. MAKE CHECK PAYABLE TO: CITY OF SALINA.** ONCE A PERMIT IS ISSUED, FIREWORKS FACILITIES MAY OPERATE FROM **JUNE 27TH THROUGH JULY 4TH.**

Applicant Name: _____	Phone: _____	Email: _____
Address: _____	City/State: _____	Zip: _____
Property Owner Name: _____	Phone: _____	Email: _____
Address: _____	City/State: _____	Zip: _____
Name of Fireworks Stand: _____	<input type="checkbox"/> Canopy	<input type="checkbox"/> Tent
Stand Location/Address: _____		
Stand Operator Name and Email Address and Phone #: _____		
<input type="checkbox"/> <b>Site Plan Attached Showing All Requirements of Section 42-59(d)(2) (Check Each Below)</b>		

- The location and size of the proposed tent or canopy;
- The location of fire extinguishers, water barrel and/or water hose(s) as required by K.A.R. 22-6-4 & amendments;
- The distance from the fireworks stand to all roads and/or streets (minimum 25 ft. required);
- The distance from the fireworks stand to all property lines (minimum 20 ft. / 300 ft. from residential lot line required);
- The distances from the fireworks stand to all structures on-site and on adjoining lots;
- The number & location of off-street parking spaces at the stand (minimum of 5 parking spaces & a handicap space required);
- The entrance location.

Type of Solid Waste (Trash) Disposal Method: \_\_\_\_\_

Written Permission from Property Owner if Applicable: \_\_\_\_\_

Certificate of Insurance:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Kansas Sales Tax Number: _____
Kansas Dept. of Revenue Sales Tax Certificate Attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

### APPLICANT CERTIFICATION

- The information contained in this application is true and accurate to the best of my knowledge.
- I have read, am familiar with, and acknowledge receipt of Chapter 14, Section 14-57.1 - 14-57.11 of the Salina City Code pertaining to Fireworks and Section 42-59 (d)(2) of the City of Salina Zoning Ordinance.
- I understand that failure to comply with all regulations of the Salina City Code may result in the suspension or revocation of a permit.

Applicant Signature: _____	Date: _____
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