

Application for  
**2009**  
 FIREWORKS  
 Permit # \_\_\_\_\_

Information Requested	To be filled in by Applicant	Ofc Use
Date of Application		
Business Name		
Mailing Address		
Physical address of Location of Business		
Telephone number  Date of Firework Stand  Time of operations	Work: Cell: Fax: Open date: Close date: <input type="checkbox"/> 24 hours <input type="checkbox"/> Time open <span style="float: right;">Time Close</span>	

**Check List**

- Copy of Missouri State Fireworks Permit
- Copy of Lincoln County Merchant's License
- Copy of Missouri State Temporary Sales License
- Copy of Driver's License of Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Fee: \$ 250.00 Check # \_\_\_\_\_

Office use only

Approved: Yes or No    Date: \_\_\_\_\_ WFFPD Signature: \_\_\_\_\_