



Fireworks Permit Application

Sales are allowed from June 20 thru July 5

5490 Fifth Street
Cottleville, Mo 63304

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Section I:

Date: _____

Name of Business: _____

Corporation Name: _____

Location/Address of Fireworks Tent*: _____

*** Note: An official Site Plan must be approved by the City for any new or revised sales locations.**

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: (_____) _____

Emergency Phone Number: (_____) _____

Date Business Originally Opened: _____

Federal Tax ID Number: _____

Missouri Sales Tax Number: _____

Type of Ownership:

Corporation

Sole Proprietor

Partnership

LLC

Section II:

Owner(s) of Business: _____

Home Address: _____ Cell #: _____

Owner(s) of Business: _____

Home Address: _____ Cell #: _____

Social Security Number: _____ - _____ - _____

Corporate Officer/Manager's Name: _____

Home Address: _____ Cell #: _____

Social Security Number: _____ - _____ - _____

Section III: Application Requirements: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- Fireworks Sales Fee \$8,000 – Nonrefundable
- Temporary Sign Permit Application Included with \$50 nonrefundable fee
- Cottleville Business License Application & Fee Included with \$50 nonrefundable fee
- Building Permit Application Included and Approved Occupancy Inspection \$125 nonrefundable fee
- Missouri Retail Sales License (States the City of Cottleville on the License)
- No Tax Due Letter from Missouri Department of Revenue REQUIRED ANNUALLY (573-751-9268)
- Insurance Certificate - Listing the “City of Cottleville” as an Additional Insured
- 1 Copy of the Approved Site Plan/Sketch
- **New Tent Locations, Expansions, or Layouts require a Site Plan to be Approved by the Planning and Zoning Commission**

Applicant's Name: (please print) _____

Signature of Applicant: **X** _____

NOTE: By affixing signatures to this application form, the Applicant and Owner hereby verify that: they have reviewed the applicable zoning regulations; they are familiar with the specific requirements relative to this application; and they take full responsibility for this application. The above signatures further indicate that the information provided on this form and on any additional data attached hereto is true, complete, and accurate.

City of Cottleville Office Use:	
Date Application Received:	Check No.:
Fee Receipt No.:	Date License Issued:
Total Amount Paid:	Notes:
Application Approved By:	Application Denied By: