



# 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\*: \_\_\_\_\_

Cottleville Zoning Classification: \_\_\_\_\_

**\* 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
- All Fireworks Sales Tents must be Located on Commercial Property
- **New Tent Locations, Expansions, or Revised Layouts Require a Site Plan to be Submitted to City Staff for Approval**

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.**

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