**Building Inspector**
126 East Public Square
Glasgow, Kentucky
P: 270.651.3921
F: 270.651.9553

**Fire Department**
203 South Broadway
Glasgow, Kentucky
P: 270.651.5170
F: 270.651.6980

_____
Permit Number

# APPLICATION FOR RETAIL FIREWORKS PERMIT

| Address or Description of Retail Sales Location | Applicant Information |
|---|---|
| | |
| | Name of Person or Business |
| | Address |
| | City State Zip |
| Primary On-Site Contact Person | Phone Number of Applicant |
| Phone Number of On-Site Contact Person | City Business License Number |

By signing below, I hereby certify and attest to the following:

• I understand, and will comply with, all governances associated with this activity including the Kentucky Revised Statues, Glasgow Municipal Cose, City Ordinance 2745, local zoning requirements, and the NFPD [National Fire Protection Association] Standard 1124.

• Attach hereto is a facility drawing and site plan for the retail sales location listed above.

• I, on behalf of myself and any entity I represent as the applicant, do hereby consent to periodic and unscheduled inspections of the retail sales location by city officials, fire personnel and law enforcement at any time.

• Before the tent is installed I have verified that my tent installer has checked utility locations.

• Fireworks being sold at this location were supplied by/from _____.

• A seasonal permit, once issued, is valid for a period of 60 days from the effective date. I request the effective dates to be _____ through _____.

_____ _____
Signature of Applicant Date