

Building Inspector

126 East Public Square
Glasgow, Kentucky 42141
P: 270.651.3921
F: 270.651.9553

**Fire Department**

203 South Broadway Street
Glasgow, Kentucky 42141
P: 270.651.5170
F: 270.651.6980

Permit Number

APPLICATION FOR RETAIL FIREWORKS PERMIT

Retail Sale Location	Applicant Information
Name of Business	Name of Person or Business
Address	Address
City State Zip	City State Zip

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 Statutes, Glasgow Municipal Code, City Ordinance 2724, 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 the location were supplied by / from _____.

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

Signature of Applicant

Date