

**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

**Codes Division**  
126 E. Public Square  
Glasgow, KY 42141  
270-651-5131

## City of Glasgow, Kentucky

**Fire Department**  
203 S. Broadway  
Glasgow, KY  
270-651-2532

### APPLICATION FOR RETAIL FIREWORKS PERMIT

**Address or Description of Retail Sales Location:**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Address

**Type of License Applied For:**

\_\_\_\_ Seasonal (6/10-7/7 and 12/26-1-4)  
(\$100)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number of Applicant

\_\_\_\_ Permanent  
(\$250)

\_\_\_\_\_  
Fed Id Number or Social Security Number

\_\_\_\_\_  
Email Address

**Anticipated Date of Firework Sales:** \_\_\_\_\_

**Facility Type:**      \_\_\_\_ Tent      \_\_\_\_ Temporary Stand      \_\_\_\_ In-Store

**\*\*Please initial the following statements. I am aware of the following Occupational Licensing requirements:\*\***

\_\_\_\_ 1.75% Occupational tax on Gross Payrolls which I am obligated, as employer, to withhold and remit to the City of Glasgow on a quarterly basis.

\_\_\_\_ A Net Profit Return must be filed annually, based on 1.75% of the business profits. I understand that this return must be completed regardless of profit earned.

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, local zoning requirements, and the National Fire Protection Association (NFPA) Standard 1124;
- 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; and
- Fireworks being sold at this location were supplied by/from \_\_\_\_\_.
- A seasonal sales permit is valid for a period from June 10th through July 7th and from December 26<sup>th</sup> through January 4<sup>th</sup>.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_