



City of Phillipsburg

P.O. Box 447 • Phillipsburg, Kansas 67661 • Phone 785-543-5234 • Fax 785-543-2302

APPLICATION TO ENGAGE IN THE SALE OF FIREWORKS IN THE CITY OF PHILLIPSBURG, KANSAS

NAME OF RESPONSIBLE PARTY: _____

DOING BUSINESS AS: _____

PERSONAL OR
BUSINESS ADDRESS: _____

PHONE: _____ EMERGENCY PHONE: _____

PROPOSED SALE LOCATION: _____

KANSAS SALES TAX NUMBER: _____

I hereby certify that I have received a copy of the Phillipsburg Fireworks Ordinances. I agree to abide by the regulations therein. I understand the sale of fireworks within the city may be done between the hours of 8:00 a.m. and 12:00 midnight commencing on June 27th through July 4th.

I understand an application and permit fee of \$20 must be submitted for each establishment or premise where fireworks are sold. The application must be submitted to the city clerk on or before June 25th of the permit year.

Applicant/Responsible Party

Date

Inspection of applicant's facility approved by:

Inspector

Date