



MOUNT WASHINGTON FIRE PROTECTION DISTRICT

772 North Bardstown Road Mt. Washington Ky. 40047

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APPLICATION FOR RETAIL FIREWORKS PERMIT

Retail Sales Location	Address or Description of Retail Site Location <hr/> <hr/> <hr/> Primary <u>On Site</u> Manager or Contact Person <hr/> <u>On Site</u> Phone Number []CELL [] Land Line <hr/>	Permit Holder	<hr/> Name of Applicant <hr/> Address <hr/> City _____ State _____ Zip _____ <hr/> Phone number of Applicant <hr/> ID (DL, SSN or Alt) _____ City Business License _____
Consumer Fireworks Retail Sales Facility			
<input type="checkbox"/> Permanent CFRS Building or Facility <input type="checkbox"/> Temporary/Seasonal CFRS Building or Facility			
Facility	The information you are to provide in this box is about the facility itself (tent, hard stand, etc...), not the land or property as described in "Retail Sales Location." Description shall include building name and owner if applicable. <hr/> <hr/> <hr/>		

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, Bullitt County Codes, Mt. Washington City Ordinances, Local Zoning Requirements, the National Fire protection Association Standards, Fire Code Chapter 65 and;
- Attached hereto is a valid Kentucky Retail Fireworks Permit, proof that I have been issued an occupational business license from the City of Mt. Washington and proof of liability insurance as required and;
- Attached hereto is a facility drawing(s) and site plan for the Retail Sales Location listed above and;
- I, on behalf of myself and any entity I represent as the Applicant, do hereby consent to periodic 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 permit, once issued, is valid for a period of 60 days from the effective date. I request the effective date of the permit to be ____/____/_____.

Signature of Applicant: _____ Date ____/____/_____

Authorized MWFPD Official : _____ Date ____/____/_____