



201 East Sixth, P.O. Box 426
Newton, Kansas 67114-0426

Application for Retail Sale of Fireworks Permit

Applicant: Name _____ Phone _____

Mailing Address _____ Email _____

Business/Organization: Name _____ Phone _____

Mailing Address _____ Email _____

Fireworks Stand: Address _____

Check one: Existing Building Tent

Property Owner: Name _____ Phone _____

Mailing Address _____ Email _____

Contact Person (other than applicant): Name _____ Phone _____

Mailing Address _____ Email _____

Insurance Carrier _____

*** Attach copy of Certificate of Insurance ***

Attach certificate of public liability insurance for such retail sales at such location for the permitted sale period. Said policies should provide coverage in the following minimum amounts: \$500,000 for injuries or damages to any person in one accident or occurrence; \$1,000,000 for injuries to two or more persons in any one accident or occurrence; and \$1,000,000 combined single limit coverage for any one accident or occurrence.

As conditions for issuance of the Permit I agree to:

- 1 Pay the Permit Application Fee of \$2,500.00
- 2 Provide a Certificate of Liability Insurance as described above and Bond in the amount of \$1,000.00.
- 3 Abide by all administrative regulations of the State of Kansas, County of Harvey, and City of Newton; pertaining to the display and handling of Fireworks.
- 4 Provide a copy of a State Sales Tax Certificate issued in the name of the applicant.
- 5 Display the Permit prominently within the Fireworks Stand at all times.

The undersigned hereby acknowledges that the above information is correct and complete, acknowledges receipt of Ordinances Nos. 4226-97 and 5138-24 adopted by the Newton City Commission, and states that he/she will comply with all of the regulations included therein.

Applicant's Signature

Date