

Osage Beach Fire Protection District
"Our Family Protecting Your Family Because We Care"

Application for Fireworks Display

A map showing the location the site and the spectators' location must accompany the application

Name of Business _____

Physical Address of Business _____

Mailing Address of Business _____

Email Address _____ Phone Number _____

Shooter's License Number _____ ATF Permit

Number _____

Coast Guard Permit Number _____

Shooter's Name _____ Phone Number _____

Physical Address _____

Mailing Address _____

Shooter's Email Address _____

Date of Display _____

Location of Display _____

Types and Sizes of Fireworks Displayed _____

Permit Fee due of \$35.00. Permit applications may be emailed to Rita Bartlett at rbartlett@obfire.net

This permit is only good for the day of the shoot.

I, _____ applicant, certify that I am familiar with the rules and regulations of the State of Missouri and the 2006 International Fire Code concerning firework displays and storage and will comply with all such rules.

Signature of Applicant Date



*** Administration Use Only**

Permit Issued By: _____ Title: _____

Payment Received: Cash Check # _____ Credit Card Receipt # _____

Permit Fee: _____ Date Issued: _____ Permit #: _____

Date of Inspection: _____ By: _____ Approved: _____