

**City of Cassville
300 Main Street
Cassville, Missouri 65625
(417) 847-4441**

Application for Fireworks Sales Permit

Company (Distributor) Name: _____

Company Address: _____

Company Phone: _____ Fax: _____

Website: _____

Missouri Retail Sales Tax License Number: _____

- **A copy of the License must be provided with the application for Fireworks Sales Permit**

Applicant Name _____

Applicant Address: _____

Applicant Home Phone: _____ Cell Phone: _____

Email Address: _____

Exact Site Location: _____

\$100.00 application fee _____ Application approved by Council on _____

Incomplete applications will not be accepted.

The information provided on this application is true and complete, to the best of my knowledge. I have read and understand that the provisions of Ordinance 1652 in the City Code of Cassville, Missouri which was provided with the application. If granted a fireworks license, I hereby agree that I will observe those restrictions as specifically outlined in the Ordinance.

Signature

Date of Application