

OFFICE OF THE STATE FIRE MARSHAL
800 SW JACKSON, STE 104, TOPEKA, KS 66612
(785) 296-3401; FAX (785) 368-6559

DISPLAY FIREWORKS STORAGE SITE PERMIT INSTRUCTIONS

Pursuant to K.S.A. 31-504, the owner of any display fireworks storage facility shall obtain a storage site permit from the state fire marshal for permanent or temporary storage. Storage permits are not required for day boxes used at a display site.

All fields should be filled out. Any information left blank could result in delay in processing your application.

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| 1. NAME (TO APPEAR ON CERTIFICATE): | Name you want listed on certificate (Parent permit name unless you are a state or any political taxing subdivision) |
| 2. ADDRESS: | Home address |
| 3. FEDERAL PERMIT # | If applicable |
| 4. CONTACT INFORMATION: | Provide at least one contact number. If you wish to be notified when your permit expires, please provide an email address. |
| 5. TOTAL WEIGHT OF STORED MATERIALS: | As implied |
| 6. PARENT PERMIT INFORMATION | Permit Name/Number for display operator/proximate/distributor/etc. |
| 7. ADDRESS OF STORAGE: | All information must be filled out. |
| 8. DESCRIBE EXACT LOCATION OF STORAGE AT STORAGE SITE: | You can also attach diagrams, maps, etc. |
| 9. CONTACT PERSON (S) FOR EMERGENCIES: | As implied |
| 10. AUTHORITY HAVING JURISDICTION | Must be signed off by local authority or application will be returned back to you. |
| 11. APPLICANT SIGNATURE | Signature of Parent License Holder |

Checklist

Have you completed and submitted the following?

- Display Fireworks Storage Site Permit Application**
- Has your application been signed off by local authority?**
- Parent Permit Application**

All applications and worksheets must be submitted before the application packet will be processed. Failure to fill out all necessary forms will cause a delay in processing your application.

**OFFICE OF THE STATE FIRE MARSHAL
DISPLAY FIREWORKS STORAGE SITE PERMIT APPLICATION**

COMPLETE IN FULL - PRINT CLEARLY		<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application	
1. NAME (TO APPEAR ON CERTIFICATE): _____ Business Name		EXPIRED STORAGE PERMIT # _____	
2. ADDRESS: _____ _____ _____ City County State ZIP		3. FEDERAL PERMIT # _____	
6. PARENT PERMIT INFORMATION LICENSE HOLDER _____ PERMIT NUMBER _____		4. CONTACT INFORMATION: Business: () Fax: () Email: _____	
7. ADDRESS OF STORAGE: _____		CITY: _____	COUNTY: _____
8. DESCRIBE EXACT LOCATION OF STORAGE AT STORAGE SITE: _____ _____ _____			
9. CONTACT PERSON (S) FOR EMERGENCIES: Name _____ 24 Hr. Phone () _____ Name _____ 24 Hr. Phone () _____ Name _____ 24 Hr. Phone () _____			
FOLLOWING INFORMATION TO BE COMPLETED BY AUTHORITY HAVING JURISDICTION. LOCAL AUTHORITY MUST SIGN APPLICATION PRIOR TO SUBMISSION OR APPLICATION WILL BE DENIED.			
10. _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> INSPECTOR SIGNATURE AGENCY DATE </div>			

Under the penalties imposed by K.S.A. 21-3805, I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete.

11. APPLICANT SIGNATURE _____ DATE _____

FOR OSFM USE ONLY					
_____ OSFM INVESTIGATOR SIGNATURE	_____ DATE				
Permit #	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">REQ</td> <td style="width: 90%;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	REQ		<input type="checkbox"/>	
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