

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

Please check: New Renewal

1. Applicant's Current Permit # (if renewal):

COMPLETE ALL 11 SECTIONS IN FULL – PRINT LEGIBLY		REFER TO K.A.R. 22-6-26 FOR GUIDELINES	
2. NAME:			
_____		PARENT PERMIT # _____	
Parent Permit Holder Name (Display Operator, Proximate Pyrotechnic, Distributor, Manufacturer or Hobbyist Manufacturer)			
3. PHYSICAL & MAILING ADDRESS:			

<i>Physical Address</i>			
_____	_____	_____	_____
City	County	State	ZIP

<i>Mailing Address</i>			
_____	_____	_____	_____
City	County	State	ZIP
4. CONTACT INFORMATION:			
Business: ()		FAX: ()	E-mail:
5. IS MAGAZINE(S) ON SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. TOTAL WEIGHT OF STORED MATERIAL:	
7. ADDRESS OF STORAGE (PLEASE ATTACH MAP OR DIAGRAM):			

Address		City	County
8. DESCRIBE EXACT LOCATION OF STORAGE AT SITE (INCLUDE GPS COORDINATES IF AVAILABLE):			

9. CONTACT PERSON(S) FOR EMERGENCIES:			
_____	Circle: Permit Holder or Responsible Person		24-hour phone
Name			
_____	Circle: Permit Holder or Responsible Person		24-hour phone
Name			
_____	Circle: Permit Holder or Responsible Person		24-hour phone
Name			
<i>Note: Emergency contact persons must hold active fireworks permit or be listed on parent permit application as responsible person. It is recommended these persons reside in storage site area as they will need immediate access to storage. All persons are subject to background checks.</i>			
10. LOCAL AUTHORITY HAVING JURISDICTION (AHJ): The local AHJ (generally fire department) must sign application prior to submission.			
_____		_____	
AHJ Inspector Name Printed		AHJ Inspector Signature	
_____		____/____/____	
AHJ Agency Name		Date Inspected	
11. APPLICANT'S SIGNATURE			
Under the penalties imposed by K.S.A. 21-3805, I declare that I have examined this application and any documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct and complete.			
Applicant Signature _____		Date ____/____/____	
<i>(must sign legibly)</i>			
FOR OSFM USE ONLY <input type="checkbox"/> REQUIREMENTS MET			

**Return completed application to the Office of the State Fire Marshal, ATTN Investigation Division,
800 SW Jackson St, Ste 104, Topeka KS 66612, FAX (785) 368-6559, E-mail osfminv@ks.gov**