



**CITY OF MARION, KENTUCKY
RETAIL FIREWORKS APPLICATION**

BUSINESS INFORMATION

Business Name: _____ Phone: _____

Owner Name: _____ Contact #: _____

Mailing Address: _____

CONTACT INFORMATION

Site Contact: _____ Contact #: _____

Title: _____ 24-hr. #: _____

RETAIL SALES LOCATION

Site Location: _____

INSURANCE INFORMATION

Insurance Company Name: _____ Copy of Insurance Attached?
_____ Yes _____ No

Certificate or Policy Number: _____

AGREEMENT

I agree to all requirements of the City of Marion, Kentucky, as a condition of this permit. Signatures must be those of a responsible party. Legal signatures include: sole proprietor/owner, corporate officer, partner, and managing member or agent.

Signature Print Name & Title Date

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Copy of Kentucky Fireworks Permit Attached?
_____ Yes _____ No

Copy of Zoning Approval Attached?
_____ Yes _____ No

Type of Permit Application

_____ One-Time Initial Inspection & Review \$25

_____ Annual Permit for Consumer Fireworks Sales \$500

Fee Payment Attached?

_____ Yes _____ No

OFFICIAL USE ONLY – DO NO WRITE IN THE AREA BELOW

Application Received by: _____ Date: _____

Inspection Completed by: _____ Date: _____

Approval/Denial by: _____ Date: _____

Submit Application, along with documentation and fees, to: City of Marion, 217 South Main St., Marion, KY 42064