



City of Russell Springs

P.O. Box 247 • Russell Springs, KY 42642
270-866-3981 • Fax 270-866-3860

RETAIL FIREWORKS APPLICATION

BUSINESS INFORMATION	
Business Name:	Business Telephone:
Owner Name:	Contact Telephone:
Mailing Address:	
CONTACT INFORMATION	
Site Contact:	Contact Telephone:
Title:	24-Hour Telephone:
RETAIL SALES LOCATION	
Site Location:	
INSURANCE INFORMATION	
Insurance Company Name:	Copy of Insurance Certificate Attached?
Certificate or Policy #:	Yes <input type="checkbox"/> No <input type="checkbox"/>
AGREEMENT	
<i>I agree to all requirements of the City of Russell Springs, 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</i>	
Signature: _____	Print Name & Title _____ Date _____
Signature: _____	Print Name & Title _____ Date _____
Copy of Kentucky Fireworks Permit Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of Zoning Approval Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Permit Application: <input type="checkbox"/> Annual Permit: \$100.00 <input type="checkbox"/> Business License	Fee Payment Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
OFFICIAL USE ONLY — PLEASE DO NOT WRITE IN THIS AREA	
Application Received By:	Date:
Inspection Completed By:	Date:
Approval/Denial By:	Date:

Please submit application, along with documentation and fee, to:

City of Russell Springs
c/o Brian Stephens
P.O. Box 247
Russell Springs, KY 42642

City of Russell Springs is an Equal Opportunity Provider and Employer
Complaints of discrimination should be sent to:
USDA Director, office of Civil Rights, Washington, DC 20240-9410