## APPLICATION FOR PERMIT - COWLEY COUNTY SUPERVISED DISPLAY OF FIREWORKS

Date of App	lication:(30 days prior to event)	
Applicant/O	perator Name:	
Applicant Ac	ddress:	
City:	St: Phone:	
Address of	Display Location:	
	City:	
If no addres	ss, description/directions to Display Location:	
Owner(s) of	Location:	
Owner(s) Ac	ddress:	
	City: St.: Phone:	
Date of Disp	play:	
Items 1 and display to b to the dispose	d 2 must be provided for an application for permit for a supervised fireworks be considered by the Board of County Commissioners. Applicant will be notified esition of their application. Item 3 is required before actual issuance of a per Copy of the Applicant/Operator's current State of Kansas Fireworks Opera License  If applicant/operator is not the owner of the display location, a notarized written statement signed by the owner/s of the location, stating the owner consent to the display of fireworks and citing the date that consent is gran and the date of the display.  Bond or certificate of insurance in the amount of \$500,000.00, with cover and policy numbers listing the applicant/operator as the insured or as an	rmit itors r(s) nted
	additional insured and showing the display location as the insured location.	
I,Anni	icant/Operator Signature	
to the requi	rements and recommendations of the National Fire Protection Association Pamphle f Fireworks and the laws of the State of Kansas relating to fireworks displays.	t No