

**LYON COUNTY, KANSAS
TEMPORARY USE PERMIT APPLICATION
FIREWORKS STAND**

FEE \$ _____

Applicants name _____

Company representing _____

Applicant's mailing address _____ . Phone _____

Fax _____

Email _____

Address of fireworks stand _____

Property owner's name _____ Property owner's address _____

Proposed dates of operation will be from _____ to _____

State and County Temporary Sales Requirements have been met? Yes No

Sales tax identification number _____

Lyon County Clerk's Signature

****To Be Completed By Zoning Office Staff****

A site plan MUST be attached showing where the proposed fireworks stand will be located on the existing property and the dimensions from street/road right-of-way and driveways.

A Temporary Fireworks Permit is here by authorized to _____

The Permit is hereby authorized for the purpose of selling fireworks located at

Beginning on _____ and ending on _____

Zoning Administrators Signature

Date

Permit must be available at all times to any law enforcement officer. Permits are valid for time period and location shown on the permit.