



Fireworks Display Application

Organization: _____ Date: _____

Address: _____

Telephone: _____

Location of Display: _____

Date of Display: _____

Name of Person Discharging Display: _____

Age of this Person (minimum of 21 years): _____

Address: _____

Experience: _____

Physical Characteristics: _____

Number and Size of Fireworks to be Discharged: _____

Manner and Place of Storage of Fireworks (between date of purchase and display): _____

Kansas State Fire Marshall Fireworks & Public Display Operator License #: _____

\$15.00 Fee Required

Fee Paid: _____ Signature: _____