

Kearney Fire & Rescue Protection District

P.O. Box 341 • 201 E. Sixth Street • Kearney, MO 64060 • Ph. 816-628-4122 • FAX 816-628-5696

FIREWORKS DISPLAY PERMIT

Date: _____ County _____ State _____

Person Responsible for Display (Fireworks Purchaser & Address):

I hereby acknowledge that the person stated above has approval to shoot a fireworks display on ____/____/____ at _____ A.M. / P.M.

Located at _____

Property Owners Name _____

The responsible person must provide a copy of the ATF permit to receive this permit, and they will also be provided a copy of NFPA 1123 Guidelines for the proper discharging clearances.

Approved by: _____
Name Title Printed Name

Date Approved: _____