

Southern Stone County

10965 E. State Highway 76, Branson West, MO 65737
417-272-1510 417-272-1509(fax)

Application

Fireworks Discharge & Special Effects Permit

Date of Application: _____ Date of Shoot: _____

Special Effects Operator: _____ Operator's Phone: _____
(print name)

Operator's Address: _____

Name of Permittee: _____ Permittee's Phone: _____

Permittee's Address: _____ Permittee's FAX Number: _____

Locations

(1) _____ Display Site Plan: _____

(2) _____ Display Site Plan: _____

Date Plans Submitted: _____

Date Approved: _____

By: _____

Note: Special Effects Operator must comply with International Fire Code, 2006 Edition, and NFPA 1123 & NFPA 1126

Fee \$100.00 Per Location

Office use only

() Check () Money Order () Other: _____

Permittee has provided (use a check mark for provided items):

Comments:

Proof of Insurance _____

Missouri Fireworks Operators License _____

List of Shells _____

Site Plan _____

Letter of Clearance _____

Permit for Display of Professional Fireworks _____
(for each shooter)