Antonia Fire Protection District 6633 Moss Hollow Road, Barnhart, MO 63012

Phone: 636-948-4433 Fax: 636-948-0540 Email: inspections@antoniafire.com

Application for Fireworks Stand

Date:	Inspection Date:	Re-inspection	Date:	
	(Office Use) $G \square FH \square$	(Office Use)	$G \square FH \square$	
day, if request is received by/before 3:	NOTICE IS REQUIRED FOR ALL INSPEC 00 pm the day before and the schedule is not is void. After two (2) inspections are made ar dollars (\$50). No inspections will be done on weeken	t full. After initial inspection nd property has failed, there	, all corrections will need to be	
	Stand Information	n		
Name of Business:	Phone:	Email:		
Property Address:				
Street:	City:		Zip:	
Mailing Address (If different from	Above):			
	City:		Zip:	
Stand Dimensions				
Size of Stand:	Total Squ	Total Square Footage:		
	Manager			
Name:	Phone:	Email:		
	Owner			
Name:	Phone:	Email:		
Mailing Address				
-	City:		Zip:	
	Select one:			
O June 20 th through July 10 th O December 10 th through January 5th				
	Minimum Fee per Stand \$20	00.00		
I understand, if the information I have g	given is not true, my permit may be revoked l safety and fire codes of the Antonia Fire l		to abide by, and comply with, all	
CIONATURE OF				
	APPLICANT:			
NOTE: All tents MUST be fire resistant	t and a copy of the tent manufacturer's certi Marshal's Office.	ficate of fire rating for the t	ent must be presented to the Fire	
	For Office Use Only	7		
Permit #	Received by:	Date: _		
Fee: (Total Sq. ft (x2))	Type of Payment: O	Card O Cash	O Check #	
Notes:				