

Antonia Fire Protection District  
6633 Moss Hollow Road, Barnhart, MO 63012  
Phone: 636-948-4433  
Email: [officemanager@antoniafire.com](mailto:officemanager@antoniafire.com)

## Application for Fireworks Stand

Date: \_\_\_\_\_ Inspection Date: \_\_\_\_\_ Re-inspection Date: \_\_\_\_\_  
(Office Use) G  FH  (Office Use) G  FH

*A MINIMUM OF 24 TO 48 HOURS NOTICE IS REQUIRED FOR ALL INSPECTIONS. An inspection may be done the following business day, if request is received by/before 3:00 pm the day before and the schedule is not full. After initial inspection, all corrections will need to be completed within 30 days or the permit is void. After two (2) inspections are made and property has failed, there will be a reinspection fee of fifty dollars (\$50).*

*No inspections will be done on weekends or holidays.*

### Stand Information

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Property Address:  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address (If different from Above):  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Stand Dimensions  
Size of Stand: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

### Manager

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Owner

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Select one:

June 20<sup>th</sup> through July 10<sup>th</sup>

December 10<sup>th</sup> through January 5<sup>th</sup>

*Minimum Fee per Stand \$200.00*

*I understand, if the information I have given is not true, my permit may be revoked by the Fire Marshal. I agree to abide by, and comply with, all safety and fire codes of the Antonia Fire Protection District.*

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**NOTE:** All tents MUST be fire resistant and a copy of the tent manufacturer's certificate of fire rating for the tent must be presented to the Fire Marshal's Office.

For Office Use Only

Permit # \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: (Total Sq. ft (x2)) \_\_\_\_\_ Type of Payment:  Cash  Check # \_\_\_\_\_

Notes: \_\_\_\_\_