



Johnson County, Kansas Application for Permit Fireworks

For Office Use Only
Received:
No fee
Issued:

Name of Applicant (Must be person primarily responsible for management and operation):

Applicant address:

City: State: Zip: Phone:

Group or Organization Name:

Event Address:

City: State: Zip:

Type of Holiday Celebration or Special Event:

Proposed Date and Time of Display:

Proposed Rain Date and Time of Display:

Name and Phone Numbers of Shooters (person discharging fireworks)
(1.3G displays attach copy of state license):

Name: Phone:

Name: Phone:

Name: Phone:

Type and Size of Fireworks
to be Discharged

Storage Location of Fireworks



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Description of Health and Safety Provisions

Sanitary Facilities:

Parking:

Traffic Control:

Security:

Fire Safety:

At least two 2A10BC extinguishers must be present at site at all times

Medical Emergency/
First Aid:

Noise Control:

Clean-up/Restoration:

Map of Designated Route

Please sketch or attach all detailed plans



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Provide Copy of Liability Insurance Policy Covering Event.

Documentation must include the following information:

- | | |
|---------------------------|----------------------|
| Name of Insurance Company | Name of Agent |
| Policy Number | Agent Contact Number |
| Policy Limits | Coverage Period |

I have read and will adhere to Article II Special Events Fireworks Section 50-74

I have read and will adhere to Article II Special Events Fireworks Section 50-75

Application for permit to operate a display of outdoor fireworks in conformance with the terms of Resolution 66-88 of the General Laws of Johnson County shall be made in writing on forms provided by the Johnson County Planning and Codes office. All requested information must be provided. Incomplete applications will be returned. Completed applications must be received a minimum of 10 days prior to the event. Approved displays shall include only the approved Division 1.3G (professional fireworks), 1.4G (consumer fireworks), and Division 1.4S. Fireworks shall be handled by an approved competent operator, and the fireworks shall be arranged, located, discharged and fired in a manner that will not pose a hazard to property or endanger any person. This permit does not grant, authorize, or imply approval for the discharge or fireworks by children.

By submitting this application, applicant/operator and property owner(s) agree to allow on the premises any Johnson County Code Enforcement Officer or Law Enforcement Officer for the express and limited purpose of inspecting the activity applied for and all related facilities.

Consent of Property Owner

By signing this document, the owner(s) of the above described property, hereby expressly give my/our consent to the use of my/our property for the event applied for in this application.

Signature of
Property Owner

Signature of
Property Owner

Address:

Address:

Phone:

Phone:

Signature:

Date:



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Emergency Service Approval for Johnson County Fireworks Permit

Application must be submitted before a site visit can be scheduled.

Completed by Code Official and appropriate Fire District.

Fire Chief’s findings, recommendations, and safety concerns after investigating the operator, location, and handling of the display in accordance with the County Code of Regulations for Special Events and Activities:

If no finding or recommendations check here:

Approved	Disapproved		Date
		Fire Chief or Dept. Representative	
Approved	Disapproved		Date
		Site Inspection Completed by	
Approved	Disapproved		Date
		County Fire Marshall	
Permit Issued	Yes	No	

Reason for Denial:

A COPY OF THIS SIGNED PERMIT MUST BE MAINTAINED ON-SITE DURING THE EVENT

Permit issued by Johnson County Planning & Codes Dept.

111 S. Cherry, Olathe, KS 66061 • 913-715-2200

IMPORTANT:

This permit may be revoked at any time due to non-compliance with adopted codes and regulations or unsafe conditions.



Johnson County, Kansas
PERMIT FOR
FIREWORKS

This permit is issued to:

The permit holders address:

**This permit is for the purpose of conducting the following activity
at the time and place indicated:**

Amusement Enterprises:

Date: Location:

Property Owner:

Civic group or organizing sponsor (if applicable):

Conditions required by
Johnson County:

Approved by Johnson County Sheriff's Office

Name: Date:

Title:

Approved by Johnson County Manager

Name: Date:

Title:

THIS PERMIT IS NON-TRANSFERABLE