



# TEMPORARY FIREWORKS STAND PERMIT APPLICATION

PAGE 10F 2

COMPLETE and SIGN this application to: City Clerk, City of Troy, 800 Cap Au Gris, Troy, Missouri 63379. If you have any questions, please call 636-528-4712.

DATE: (All applications must be applied for and filed with the City Clerk by the 1st day of April each year for the current year's fireworks season and subject to the grant of a conditional use permit for the site of the fireworks stand.)

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT'S PHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER OF BUSINESS (IF OTHER THAN APPLICANT) \_\_\_\_\_

BUSINESS NAME/DBA: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER'S PHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCATION OF FIREWORKS STAND: \_\_\_\_\_

STAND TYPE: Temporary Tent \_\_\_\_\_ Other \_\_\_\_\_

ZONING: C-1 \_\_\_\_\_ C-2 \_\_\_\_\_ C-3 \_\_\_\_\_ I-1 \_\_\_\_\_ I-2 \_\_\_\_\_

SIZE OF STAND: Total Area: \_\_\_\_\_ square feet

I certify that all statements made in this Temporary Fireworks Stand Permit Application and its attachments are to the best of my knowledge correct. The applicant will comply strictly with City Ordinances #1236, #1249 and any amendments thereto, all Ordinances of the City of Troy, laws of Lincoln County and State of Missouri. Should any of the statements be subsequently proved inaccurate, I understand the City of Troy, Missouri may suspend or revoke this Temporary Fireworks Stand Permit. I understand that this permit is non-transferable and that construction and erection of the stand must be completed and the grounds retro-fixed in timeframes described in City Ordinances referenced above.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_



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PAGE 2 OF 2

THE FOLLOWING INFORMATION MUST BE SUBMITTED SEPARATELY FOR EACH STAND BEFORE THE GRANTING OF A TEMPORARY FIREWORKS STAND PERMIT. THIS INFORMATION IS TO BE SUBMITTED TO PLANNING & ZONING-BUILDING OFFICIAL 636-528-1254 BY APRIL 1, AND IS SUBJECT TO THE GRANT OF A CONDITIONAL USE PERMIT FOR THE SITE OF THE FIREWORKS STAND.

- Business License issued by City of Troy displayed on Site of Stand, State of Missouri Sales Tax Registration Certificate, and Certificate of No Tax Due Letter from Missouri Department of Revenue
- Grant of a Conditional Use Permit for the site of the Fireworks Stand
- Site Plan Drawing showing size and location of stand and its distances from any structures and property lines
- Letter of Authorization from Property Owner
- Proof of General Liability Insurance in an amount not less than \$500,000.00 displayed on Site of Stand
- Certified Cashier's Check or Surety Bond payable to the City of Troy in the amount of \$10,000.00
- Required Signage Displayed Within Fireworks Stand: "No Smoking Signs" every fifteen feet, exterior and interior walls of stand. (Also display within stand upon receipt of permit: Permit, business license, and certificate of insurance.)
- Required Fire Extinguishers as listed on "Fireworks Seasonal Retailer Inspection Survey" attached hereto
- Permit, the written authority of the State Fire Marshal issued pursuant to sections 320.106 to 320.161, RSMo., to sell possess, manufacture, discharge, or distribute fireworks

NOTE: It is the responsibility of the permit applicant to obtain any and all permits and inspections by contacting the Lincoln County Fire Protection District at 636-528-8567.

**OFFICE USE ONLY:**

**PERMIT #** \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ BY: \_\_\_\_\_

PERMIT FEE \$2,000.00 for stand up to 1,000 square feet; or  
\$4,000.00 for stand over 1,000 square feet

DATE PAID \_\_\_\_\_ RECEIPT # \_\_\_\_\_

**City of Troy  
FIREWORKS SEASONAL RETAILER INSPECTION SURVEY**

**PRINT ALL  
INFORMATION**

NAME OF BUSINESS		FIREWORKS PERMIT NUMBER	
ADDRESS OF BUSINESS		PHONE	
CITY, STATE, ZIP		COUNTY	
CONTACT NAME		PHONE	
INSPECTION DATE	<input type="checkbox"/> RE-INSPECTION REQUIRED	RE-INSPECTION DATE	

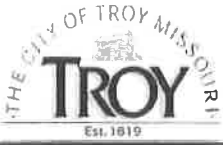
<b><u>LIST ITEM NUMBER REQUIRING CORRECTION</u></b> <b><u>USE REVERSE SIDE FOR EXPLANATION OF PROBLEM AREAS</u></b>	Initial Inspection		Re-Inspection	
	APPROVED	LIST # NOT APPROVED	APPROVED	LIST # NOT APPROVED
VALID PERMIT AND DISPLAY OF PERMIT: Permit must be displayed in the holder's place of business				
TYPE OF FIREWORKS: Only Consumer fireworks UN0336, 1.4G permitted				
FIRE EXTINGUISHERS: 1. Minimum of 2 (2ABC minimum) 10 pounds, shall have one for every 75 feet of display counter and at least one pressurized water type 2. Maximum travel distance to an extinguisher: 35 feet 3. All in accessible locations 4. Employees trained in extinguisher operation				
SITE REQUIREMENTS: 1. Verify Site to City of Troy approve site plan 2. Certificate or other evidence verifying tent fabric as fire retardant treated 3. No hay, straw, or shavings unless flame retardant treated 4. 30' area around site clear of dry grass, dry brush, & combustible debris 5. Fireworks not displayed behind glass in direct sunlight 6. Fireworks out of public reach when attendant not on duty 7. No parking within 10' of sales location 8. No storage trailer within 10' of sales location 9. 20' from other building, other sales locations, cooking equipment, & generators 9. 50' from gasoline pumps, filling stations, propane dispensing, & storage tanks				
FIREWORKS DISCHARGE: 1. Fireworks shall not be discharged within 100' 2. At least one sign with 4" letters at each entrance: "NO FIREWORKS DISCHARGE WITHIN 100 FEET"				
NO SMOKING SIGNS: 1. At least 1 sign with 4" letters at each entrance: "FIREWORKS NO SMOKING" 2. No smoking in or within 30' of fireworks stand. 3. No smoking signs place every 15' along the exterior and interior of the stand				
MEANS OF EGRESS: 1. Minimum of 2 remote means of egress free of obstructions 2. Minimum clear aisle width not less than 48" 3. Tent exit opening not less than 44" in clear width 4. All fireworks not within 2' of any entrance or exit				
EMERGENCY LIGHTING AND EXIT SIGNS: 1. Exit signs to be self-luminous or illuminated (required if open for business after dark) 2. Emergency lighting required in sales areas of 800 sq. ft or greater (not required if not open after dusk)				
ELECTRICAL EQUIPMENT: 1. Electrical system & equipment isolated from the public 2. All electrical wiring & equipment UL approved, installed and maintained to prevent electrical hazards (in trenches or protected by approved covers) 3. Branch circuits protected by GFCI (if susceptible to water exposure)				
PROHIBITED ACTIVITY/ITEMS: 1. Persons under 16 years prohibited from selling or working unless under the supervision of another at least 18 years of age 2. Storage & display of pest control devices prohibited 3. Electronic pest control devices prohibited inside sales location 4. Alcoholic beverages prohibited on premises 5. Proximate & display fireworks not sold with 1.4G fireworks				

**BUSINESS REPRESENTATIVE RECEIVING INSPECTION FORM:**

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**INSPECTION CONDUCTED BY:**

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



# BUSINESS LICENSE APPLICATION

Complete this license application and remit with license fee to:  
City of Troy, 800 Cap Au Gris, Troy, MO 63379. If you have any questions, please call: (636) 528-4712

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

BUSINESS NAME/ DBA: \_\_\_\_\_

BUSINESS PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS\*: \_\_\_\_\_

CIRCLE ONE (If Retail Merchant):  
0 to 50,000 square feet      50,000 to 100,000 square feet      100,000 square feet and up

PHONE NUMBER OF BUSINESS: (\_\_\_\_) \_\_\_\_\_

OWNER/ MANAGER/ PRESIDENT NAME: \_\_\_\_\_

OWNER'S HOME ADDRESS: \_\_\_\_\_

OWNER'S HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

SECONDARY CONTACT NAME: \_\_\_\_\_

SECONDARY CONTACT HOME PHONE: (\_\_\_\_) \_\_\_\_\_

ITEMS SOLD OR MANUFACTURED\*\*: \_\_\_\_\_

MISSOURI TAX NUMBER: \_\_\_\_\_

FEDERAL TAX NUMBER: \_\_\_\_\_

I certify that all statements made in this application/renewal are to the best of my knowledge correct. Should any of the statements be subsequently proved inaccurate, I understand the City of Troy, Missouri may suspend or revoke my business license.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY

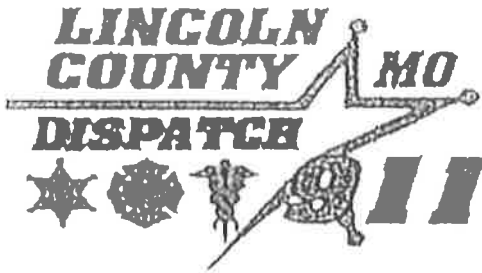
Planning and Zoning Dept.

DATE APPROVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_

APPLICATION FEE:\$ \_\_\_\_\_ DATE PAID: \_\_\_\_\_

\*If applicable, you must attach a copy of your Certificate of Insurance for worker's compensation coverage as required under Chapter 287.RSMo.

\*\*If you are conducting retail sales, you must submit a "CERTIFICATE OF NO TAX DUE", which can be obtained from the Missouri Department of Revenue by calling (573) 751-9268.



Lincoln County 911 Central Communications 250 W. College St., Troy, Missouri 63379  
 636-528-6100 or 636-528-2911  
 Please Return to our office via mail or fax 636-462-2804

**BUSINESS INFORMATION**

BUSINESS NAME: \_\_\_\_\_  
 BUSINESS TYPE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ APT \_\_\_\_\_  
 BUSINESS PHONE ( ) \_\_\_\_\_ FAX PHONE ( ) \_\_\_\_\_  
 HAZARDOUS MATERIALS: YES or NO  
 HAZARDOUS TYPE: \_\_\_\_\_

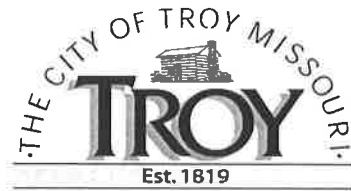
**ALARM INFORMATION**

ALARM TYPE: \_\_\_\_\_ ALARM CO. NAME: ( ) \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

**CONTACT INFORMATION/EMERGENCY CONTACTS**

CONTACT TITLE	NAME	PHONE NUMBERS	KEY HOLDER
1. _____	_____	Home ( ) _____ Cell ( ) _____	YES / NO
2. _____	_____	Home ( ) _____ Cell ( ) _____	YES / NO
3. _____	_____	Home ( ) _____ Cell ( ) _____	YES / NO

<p style="text-align: center;"><b><u>Troy City Hall</u></b>        800 Cap Au Gris        Troy, MO 63379        636-462-4712  <a href="http://www.cityoftroymissouri.com">www.cityoftroymissouri.com</a></p>	<p style="text-align: center;"><b><u>Lincoln County Collector</u></b>  <b><u>Lincoln County Clerk</u></b>        201 Main St        Troy, MO 63379        636-528-6300</p>
<p style="text-align: center;"><b><u>Lincoln Co Fire District 1</u></b>        700 E Cherry St        Troy, MO 63379  <a href="http://www.lincolncountyfire.org">www.lincolncountyfire.org</a></p>	<p style="text-align: center;"><b><u>Missouri Department of Revenue</u></b>        Business Tax Registration        573-751-5860  <a href="http://www.dor.state.mo.us">www.dor.state.mo.us</a>        Registration Form #2643</p>
<p style="text-align: center;"><b><u>Missouri Secretary of State</u></b>        573-751-4153  <a href="http://www.sos.mo.gov">www.sos.mo.gov</a></p>	<p style="text-align: center;"><b><u>Internal Revenue Service</u></b>        Federal Employer        Identification Number  <a href="http://www.irs.gov">www.irs.gov</a>        800-829-4933</p>
<p>*Under the Lincoln County Food Ordinance 10-18-2011, all establishments offering food products are required to obtain a Food Permit from the Lincoln County Health Department. Please contact the Office of Environmental Sanitation at 636-528-6117 x2 for more information. The office is located at #5 Health Department Dr, Troy, MO 63379.</p> <p>**If acquiring a business license for a business that deals in retail sales, you will need to go to the Lincoln County Clerk's office located at the address above.</p>	



## **City of Troy Building Department**

800 Cap Au Gris  
Troy, Missouri 63379  
[www.cityoftroymissouri.com](http://www.cityoftroymissouri.com)  
636-528-1254  
636-462-1613 fax

### **Planning and Zoning Commission Application Procedure**

The Planning and Zoning Commission meets on the first Thursday of the month at 6:30 p.m. at the City of Troy City Hall, 800 Cap Au Gris.

City staff will perform a comprehensive review of the applicant's submission and provide a listing of any items that will need to be corrected, modified, or amended in order to meet City of Troy Standards. The following information must be submitted to the Building Department by the required submittal deadline to be placed on the next month's agenda.

#### ***Application Form***

All forms (original only) must be completed in full, including signature of property owners. An incomplete application will NOT be accepted. All designated spaces on the form must be appropriately filled in prior to the filing of the application.

#### ***Drawing Checklist***

A completed, signed and dated checklist by the appropriate qualified professional must be submitted with each new application.

#### ***Application Fee***

The appropriate application fee must be submitted with each submittal for each type of request:

Zoning Amendment	\$200.00
Conditional Use Permit	\$150.00
Site Plan Review	\$0.00
Preliminary Plan & Final (Record) Plat	
Residential:	Min. \$80.00 or
Single Family:	\$4.00 per lot
Single Family attached (duplexes):	\$3.00 per unit
Multi-family Units:	\$2.50 per unit
Commercial:	Min. \$200.00 or \$5.00 per acre
Planned Development (PD)	
Residential:	Min. \$100.00 or
Single Family:	\$5.00 per lot
Single Family attached (duplexes):	\$4.00 per unit
Multi-family Units:	\$3.00 per unit
Commercial:	Min. \$250.00 or \$5.00 per acre

A non-refundable check in the appropriate amount shall be made payable to the "City of Troy". Cash will not be accepted.

***Property Letters***

A complete list of names and addresses of all property owners within 185 feet of the property is required for rezoning, conditional use, and planned development applications.

***Drawings***

Drawings showing all required information as indicated on the appropriate checklist:

Three (3) sets of drawings (initial submittal), no larger than 24" x 36"

One (1) copy reduced to 11" x 17"

An additional 17 copies will be requested for final submittal.





## City of Troy Building Department

800 Cap Au Gris  
Troy, Missouri 63379  
[www.cityoftroymissouri.com](http://www.cityoftroymissouri.com)  
636-528-1254  
636-462-1613 fax

### APPLICATION FOR PLANNING AND ZONING

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address/Location: \_\_\_\_\_

#### ***Requested Action***

- Rezoning: From: \_\_\_\_\_ To: \_\_\_\_\_
- Conditional Use: Type: \_\_\_\_\_
- Site Plan Review: \_\_\_\_\_
- Preliminary Subdivision Plan: \_\_\_\_\_
- Final (Record) Plat: \_\_\_\_\_
- Planned Development (PD): Type: \_\_\_\_\_

#### ***Contact Information***

##### **Applicant:**

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

##### **Engineer:**

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

##### **Property Owner(s):**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Submit additional names on attached sheet.

##### **Agent:**

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Site Information:**

- Attach location map.
- Attach legal description, boundary survey of property and/or plat.
- Property Deed or Certificate of Title.

**Applicant Status:**

- Corporation     Partnership     Individual

**Relationship of Petitioner to Property:**

- Owner     Tenant     Letter from owner authorizing action     Other \_\_\_\_\_

**The following declarations are hereby made:**

- The undersigned is the owner or authorized agent of the owner or the officers of a corporation or partnership.
- The submitted plan, if any, contains all of the necessary information required by the Zoning and/or Subdivision Ordinance(s). I will provide any and all omitted information and understand omissions can delay the development process a minimum of thirty (30) days.
- The information presented and contained within this application is true and correct to the best of the undersigner(s) knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

FOR INTERNAL USE ONLY	
Date Received: _____	Total Received: \$ _____
Agenda Date: _____	Check #: _____
Case Number: _____	Receipt #: _____