



FIREWORKS PERMIT PROCESS

PLEASE OBTAIN A CITY OF REPUBLIC BUSINESS LICENSE BY SUBMITTING THE FOLLOWING:

- Application for Temporary Seasonal License, including \$25 fee
- Current “NO TAX DUE” statement
- Letter of permission from property owner
- A copy of the State of Missouri Fire Safety License, State of Missouri Temporary Sales License, and a Certificate of Tent Flam Resistance with your permit application and site plan

Firework tents require:

- A site inspection from the Fire Department after the tent is erected
- A final inspection from the Fire Department after product placement
- A temporary power pole and final site inspection by the building inspector. This is part of the \$50 temporary structure permit; *any other inspections are additional fees.*

The “Seasonal Sale of Fireworks” fee will be determined by measuring square footage at the stakes.

Inspections by the Fire Department can be scheduled by calling
417-732-3802

Inspections by the building inspector can be scheduled by calling the
24-hour inspection line at 417-732-3170 for inspections the following day.

BUILDS Department
204 North Main
Republic, Missouri 65738-1472
Phone: (417) 732-3150 Fax: (417) 732-3199
www.republicmo.com



REPUBLIC BUILDS

Public Works • Community Development

FIREWORKS STAND Temporary/Seasonal Business License Application

Fireworks may be sold from June 20th until July 4th by seasonal retail outlets.
Hours of operation shall be permitted between 8:00 a.m. until 12:00 a.m. (Midnight).

Please answer all questions completely.
Incomplete and unsigned applications will delay processing.

A Business Name and Physical Location (Location of Firework Stand)		
1. Business Name (DBA Name)		
2. Physical Location – Street (Do not use PO Box or Rural Route Number)		
City	State	Zip Code
3. Business Telephone Number		

B Ownership Type			
4. Ownership Type:			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government	<input type="checkbox"/> Trust
All ownership types listed below, unless specifically exempted, are required to be registered with the Missouri Secretary of State's Office. Please provide a copy of your registration.			
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	
<input type="checkbox"/> Missouri Corporation	<input type="checkbox"/> Non-Missouri Corporation		

C Owner Information			
5. Owner Name (Enter Corporation, LLC or Partnership Name, if applicable).			
Address		E-mail Address	
City	State	Zip Code	County

REPUBLIC BUILDS DEPARTMENT
204 North Main
Republic, Missouri 65738-1472
Phone: (417) 732-3150 Fax: (417) 732-3199
licensing@republicmo.com

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If an individual is listed as the owner, you must also provide the following:

Date of birth (MM/DD/YY)

Telephone Number

D Mailing Address (Forms, Licenses and Notices will be mailed to this address)

6. Address (street, rural route or PO Box)

City

State

Zip Code

E Officer, Partner or Member

7. Provide the officer, partner or member of your business who will be responsible for the purchase of the Business License.

Name (Last, First, Middle Initial)

Title

Home Address

City

State

Zip Code

County

Date of Birth (MM/DD/YY)

F Retail Sales (Sales Tax Requirement)

8. If you are required to collect and/or pay sales tax within the City of Republic, you are required to have a Sales Tax ID Number issued by the State of Missouri for the City of Republic.

Your Sales Tax ID Number issued by the State of Missouri is: _____

Please include a copy of your current Missouri No Tax Due Statement (issued by the Missouri Department of Revenue). For information, contact Taxation Division at 573-751-9268.

G Zoning Requirements

9. Please contact the Planning and Development Department to make sure your desired location meets the zoning requirements. Their phone number is (417) 732-3150.

10. City Ordinance #05-72 requires your business provide designated handicapped parking spaces at your place of business and you must show compliance when applying for a business license

H Employees

11. Total number of employees you anticipate will be working for your business?

Full Time (Including yourself) _____

Part-Time (Including yourself) _____