



City of Dardenne Prairie
2032 Hanley Road
Dardenne Prairie, MO 63368
636-561-1718

TEMPORARY USE PERMIT- FIREWORKS STANDS OR TENTS

Applications must be completed in full for each location in Dardenne Prairie and submitted to the City Clerk. (Incomplete applications will be returned.)

All permits shall expire on the eighth day following July 4th of every year.

This application must be submitted to the City Clerk along with a cashier's check for \$3000.00, site plan, letter from property owner, certificate of insurance, and emergency contact form.

Application Date

Location of Stand/Tent_____

Name of Business_____

Business Owner_____

Address_____

City, State & Zip_____

Phone_____

Name & Phone # of Senior Manager on Site_____

Property Owner Name_____

Property Owner Address_____

City, State, & Zip_____

Property Owner Phone_____

MO Sales Tax # (Attach a copy of MO Retail Sales License)_____

Applicant Signature

NOTE: By affixing signatures to this application form, the Applicant hereby verifies that they have reviewed the applicable zoning regulations; they are familiar with the specific requirements relative to this application; and they take full responsibility for this application. The above signature further indicates that the information provided on this form and on any additional data attached hereto is true, complete, and accurate.

City of Dardenne Prairie Business Emergency Contact FORM

The information contained on this form will be kept confidential and will be used when an emergency or unusual situation arises at the business indicated. Persons listed on the form should be those that have keys and a working knowledge of the alarms (if any), business layout and business operation. A copy of this form will be provided to the St. Charles County Sheriff's Department, which is the law enforcement authority for Dardenne Prairie. Please list people who can respond in a reasonable amount of time.

Please print or type:

Business Owner's Name _____

Business Name _____

Business Address _____

Plaza/Business Center Name (if applicable) _____

Alarm Company (if equipped) _____

Alarm Company Phone () _____

Contact Personnel in Order:

Call First:

Name: _____ Phone: () _____

Then Try:

Name: _____ Phone: () _____

Next Try:

Name: _____ Phone: () _____

Any special notes or considerations (Dogs, Chemicals, Hazardous areas, etc.)
