

FIREWORKS PACKET

FORMS & PROCEDURES



**CITY OF MURRAY
CONSUMER FIREWORKS
SALES GUIDE SHEET**



Step 1. Fill out Application – Packets are available at these locations:

- Online at www.murrayky.gov
- Murray Fire Marshal's Office at 207 S. 5th St.
Between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday
- Planning and Engineering Office at 500 Main St.
Between the hours of 7:30 a.m. and 4:30 p.m. Monday through Friday

Step 2. Submit Transient Business License Application and Sign Permit for Approval

- City Hall, Planning and Engineering Office, 500 Main St.
(Contact City of Murray Planning Department at 270-762-0300)

Step 3. Gather Required Documents:

- Copy of Kentucky State Fireworks Sales Permit and Storage Notification Report
(Available from the Kentucky State Fire Marshal's office, 502-573-0369 or online
at <http://dhbc.ky.gov/fp/fw/default.htm>)
- Proof of Insurance
- Agreement / Lease with the land owner to allow fireworks sales on their property
- Proof that sales person(s) are at least 18 yrs of age.

Step 4. Schedule Facility Inspection

- Call the Murray Fire Marshal's Office between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday at 270-762-0321 to schedule an inspection of the sales and storage facilities.

Step 5. Obtain City Business License, Pay Registration and Inspection Fees

- City Hall Building, Customer Service Center, 500 Main St.

**City of Murray Fire Department
Office of the Fire Marshal
207 S. 5th St.
Murray, KY. 42071
Phone: (270) 762-0321 Fax: (270) 762-0338
WEB: www.murrayky.gov**

Fireworks Registration Application / Permit

Annual registration shall be received by the Murray Fire Marshal's Office at least **fifteen (15) days** prior to offering fireworks for sale at the site listed below. A separate Application and Permit is required for each location. Return completed application and all required paperwork to the Murray Fire Marshal's office.

Type of Fireworks Registration Applying For:

Ancillary Permit \$25.00 (Sale of Class C Consumer 1.4G Fireworks as described in KRS 227.702(1), accounting for less than 10% of total sales)

Seasonal Retailer \$100.00 (Sales of Class C Consumer 1.4G Fireworks as described in KRS 227.702 and offered for sale from June 10th to July 7th or December 26th to January 4th)

Permanent Fireworks Establishment \$250.00 (Sales of Class C Consumer 1.4G Fireworks as described in KRS 227.702 with year round sell of fireworks, accounting for more than 10% of total sales)

Separate Application / Permit for each location

Name of Applicant:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Anticipated Date of Fireworks Sales

_____ to _____

Facility Type: ___ Seasonal Retailer ___ Existing In Store Display ___ New Building ___ Tent

Name of Business:

Location of Business / Temporary Stand: (*Street Address Must Be Provided*)

City:

State:

Zip Code:

All information provided herein is accurate and true to the best of my knowledge

Date: _____

Signature: _____

Title: _____

Authorizations

Approved by Planner: _____

Date: _____

Approved by MFD: _____

Date: _____

This Application / Permit Must Be Posted at Sales Location

Registration Fee \$ _____

Sales Facility Inspection Fee \$ _____

Storage Facility Inspection Fee \$ _____

Total Fees Due: \$ _____

Consumer Fireworks Sales Facility And Inspection Standards

Tent Standards

- NFPA 701 stamp on tent
- No motor vehicle or trailer used for storage of consumer fireworks shall be parked within 10 ft of the tent except during active delivery, loading or unloading of fireworks
- Portable generators and fuel for generators located at least 20 ft from tent
- Aisles have minimum 48 in clear width
- Maximum travel distance to an exit 35 ft, in a natural and unobstructed path

Sales Facilities Standards including Tents

(City of Murray Ordinance)

- Transient business shall be separated by a distance of 500 feet.
- Comply with applicable City building, fire, zoning, sign and business regulations

(NFPA 1124)

- Mercantile occupancy defined as and comply with NFPA 101
- Fire Dept access within 50 feet of an exterior door and 150 feet of any portion of the exterior.
- Buildings greater than 6000 sq. ft. shall be sprinkled (NFPA 13 standard)
- 50 feet separation from:
 1. Retail propane- dispensing station
 2. Above ground storage tanks for flammable or combustible liquids, flammable gas
 3. Compressed natural gas – dispensing stations
 4. Motor vehicle fuel dispensing
- 300 feet separation from above ground bulk storage or dispensing
- Minimum of 3 exits or as determined by NFPA 101, whichever number is greater
- Egress doors not less than 36” in width
- Parking - minimum 10 ft from building

Inspection Standards for all retail locations

- Current State, City and Business license displayed
- Sign – “NO SMOKING – FIREWORKS” 2” contrasting letters posted at each entrance or within 10 ft of every aisle.
- Sign – “NO DISCHARGE OF FIREWORKS WITHIN 200 FT”
- Egress travel distance, natural and unobstructed, does not exceed 75 feet
- Aisles shall have a minimum clear width of 48 inches
- Dead-end aisles shall be prohibited
- No Fireworks displayed within 5 ft of any public entrances
- Minimum of 2 Fire extinguishers, 1- 2A multipurpose dry chemical and 1- pressurized water extinguisher
- Sales to or by individuals less than 18 years old NOT permitted.

****LEGAL FIREWORKS** – consumer fireworks with DOT package label 1.4G (Class C)

****ILLEGAL FIREWORKS** – display fireworks with DOT package label 1.3G (Class B) (i.e. M80’s)

Disclaimer

The intent of this document is to serve only as a guideline for those interested in the retail sale of consumer fireworks. City of Murray Ordinances, the Kentucky Building Code, NFPA 101 - 2006 and NFPA 1124- 2006 Edition will be the principle documents used for compliance.

Code references from the above mentioned publications not mentioned in this guideline are still applicable and will be enforced by the authority having jurisdiction.



Public Protection Cabinet
Department of Housing, Buildings and Construction
Division of Fire Prevention
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
Telephone: (502) 573-0382 Fax: (502) 573-1004

FIREWORKS REGISTRATION APPLICATION

Annual registration shall be received by the Division of Fire Prevention at least fifteen (15) days prior to offering fireworks for sale at the site listed below. An additional fee of \$100.00 is required for registrations submitted less than 15 days prior to offering fireworks sales. Check or money orders shall be made payable to the Kentucky State Treasurer and submitted with a completed application.

Type of Fireworks Registration Applying For:	
<input type="checkbox"/> Limited \$25.00 (sale of ground and hand-held sparking devices as described in KRS 227.702(1))	
<input type="checkbox"/> Seasonal Retailer \$250.00 (sale of ground and hand-held sparking devices, aerial devices and audible ground devices as described in KRS 227.702.	
Please check the time period you will be selling fireworks:	
<input type="checkbox"/> June 10 th to July 7 th <input type="checkbox"/> December 26 th to January 4 th <input type="checkbox"/> Both June/July & December/January	
<input type="checkbox"/> Permanent Primary \$500.00 (sale of aerial devices and audible ground devices as described in KRS 227.702(2) and (3) year round sell of fireworks as the primary source of business)	
<input type="checkbox"/> Late Fee \$100 for registrations submitted less than 15 days prior to offering fireworks sales	

Name of Applicant			
Mailing Address			
City	State	Zip Code	Phone Number
Email Address		Anticipated Start Date of Fireworks Sales	
Facility Type: <input type="checkbox"/> Tent <input type="checkbox"/> Temporary Stand <input type="checkbox"/> Existing In Store Display Sales <input type="checkbox"/> New Building			
Name of Business/Temporary Stand		KY Sales & Use Tax Number (NOTE: a copy of sales and tax permit must be submitted before fireworks registration will be issued)	
Location of Business/Temporary Stand (Street Address Must be Provided)			
City	State	Zip Code	County

All information provided herein is accurate and true to the best of my knowledge.

Date: _____ Signature: _____ Title: _____

The completed registration application, fireworks storage notification, copy of Kentucky sale and use tax permit and applicable registration fee shall be submitted to the following:

Division of Fire Prevention
Attn: Fireworks
101 Sea Hero Road, Suite 100
Frankfort KY 40601-5405

For Official Use Only			
Registration Number Issued	Amount Paid	Date Paid	Date Registration Issued





Public Protection Cabinet
Department of Housing, Buildings and Construction
Division of Fire Prevention
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
Telephone: (502) 573-0382 Fax: (502) 573-1004

STORAGE NOTIFICATION REPORT

In accordance with KRS 227.700, the storage of consumer fireworks, display fireworks or theatrical pyrotechnic devices shall be reported in writing to the State Fire Marshal and the local fire chief having jurisdiction where the subject facilities are located. The initial report for permanent business establishments open year round shall be submitted between January 1, 2012 and January 31, 2012 for existing business and 15 days prior to initiation of for newly established businesses.

Fireworks Being Stored: <input type="checkbox"/> Consumer Fireworks <input type="checkbox"/> Theatrical Pyrotechnic Devices <input type="checkbox"/> Display Fireworks			
Type of Business: <input type="checkbox"/> Manufacturing Facility <input type="checkbox"/> Storage <input type="checkbox"/> Year Round Retail <input type="checkbox"/> Seasonal Retail			
Name of Applicant			
Mailing Address			
City	State	Zip Code	Phone Number
Email Address		Initial Date of Firework Storage	
Name of Owner / Lessee of the Property			
Name of Fireworks Supplier			
Location of Stored Fireworks (<i>Street Address Must be Provided</i>)			
City	State	Zip Code	County
Description Of How Fireworks Will Be Stored			

All information provided herein is accurate and true to the best of my knowledge.

Date: _____ Signature: _____ Title: _____

Only one report is required for the seasonal retailer stores if the same product are being stored at the same location for both the June 10 through July 7 and December 26 through January 4 seasons. The completed storage notification and copy of fireworks shipping bill shall be submitted to the following address:

Division of Fire Prevention
Attn: Fireworks
101 Sea Hero Road, Suite 100
Frankfort KY 40601-5405



Mailing Address: City of Murray
Attn: Occupational Tax
P.O. Box 1056
Murray, KY 42071
Telephone (270) 762-0300 - www.murrayky.gov

FORM
BL 1



BUSINESS LICENSE APPLICATION

A Business License is required for anyone who operates a business or performs work within the Murray City Limits.

Check One: ___ New Business ___ Secondary Business/Additional Location
___ New Owner/Transfer ___ Information Change(s)

Legal Name: _____ Phone: _____

Business Operating Name (DBA): _____

Owner(s): _____ Email: _____

Business Address: _____ Booth #: _____

City: _____ State: _____ Zip: _____ Is this address a Residence? ___ Yes ___ No

Mailing Address: _____ City: _____ State: _____ Zip: _____

Check Ownership Type: ___ Sole Proprietor ___ Partnership ___ Corporation ___ LLC ___ LLP

On-Site Manager: _____

Business Identification # (Tax ID#, EIN, or last 6 SSN): * _____ NAIC # _____

*A separate application is needed for all businesses that operate under the above business identification number.

If Non-Profit, Tax Exempt # _____ Open/Start Work Date: _____

Describe Type of Business: _____

Will you have any signage on the premises or at any work site? ___ Yes ___ No

Emergency Contact Name: _____ Phone#: _____

What do you estimate your yearly net profit sales to be? ___ \$0 - \$300,000 ___ \$300,001 - \$600,000 ___ \$600,001 - Greater

Affidavit of Gross Rental Income will need to be completed in order to qualify for rates associated with ranges listed below:

If you operate rental property - Gross Rental Income: ___ \$0 - \$10,000 ___ \$10,001 - \$25,000

Accounting Period: Calendar Year _____ Fiscal Year _____ Please specify beginning of year _____

Do you have W2 employees working in Murray? Yes ___ No ___ Estimated number of W2 employees? _____

If yes, under what company name is payroll paid? _____

Do you have 1099 employees working in Murray? Yes _____ No_____ (If so please attach a copy of 1099's)

Estimated number of 1099 Employees _____ If you are a general contractor will you be using subcontractors? Yes__ No__

If you answered yes, you must provide a list of subcontractors to the City of Murray.

Murray location(s) and phone number if different from above _____

Do you lease the property where the business is located? Yes_____ No_____

If yes, provide owner's name and phone number _____

Payroll Tax Withholding Requirement:

The City of Murray imposes an occupational tax of 1% of all gross earnings earned by an employee who receives a W2 for work performed and services rendered in the city limits of Murray. This applies to every resident and non-resident who works in Murray. It is the responsibility of each employer to withhold this tax and pay on the required periodic basis. Employers who fail to withhold or pay the tax to the City shall be personally liable to the City for any sums due, unless exempt to be withheld.

If this is a first time submittal of an Occupational Tax Application, please include a check for a one-time \$25.00 fee

Please provide contact information below for person completing this application:

Name _____

Address _____

Phone Number _____

****PLEASE NOTE**** It is the applicant's responsibility to inform the City of Murray of any changes in ownership, addresses, number of employees or termination of business activity. The undersigned (business) agrees to be responsible for all collection costs and attorney's fees in connection with any delinquent account.

I declare under penalty of perjury that the above application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state, and city laws and regulations and permit enforcement authority onto business property of such laws and regulations.

Signature: _____ **Title:** _____ **Date:** _____

OFFICIAL USE ONLY

Zoning Location: _____ CUP Required: ____Yes ____No__ Signage: ____Yes ____No__ Fire Inspection Fee: \$ _____

Approved By: _____ Date: _____ Fire Inspection Invoice #: _____

Classification: _____ Fee Amount:\$ _____ Business License #: _____

Comments:

TRANSIENT BUSINESS LICENSE AND PERMIT APPLICATION

General Regulations

- Transient businesses are permitted only in B-2, B-3, B-4 and Industrial (I) zoning districts and as a Conditional Use in a B-1.
- Must be located a minimum of 500 feet from all other transient businesses.
- Transient businesses are not permitted to be at a location more than 90 days per calendar year.

Type of Permit: ___ 1 Day ___ 3 Day ___ 7 Day ___ 30 Day ___ 60 Day ___ 90 Day

Start Date: _____ End Date: _____ (Runs in consecutive days)

Location of Transient Business: _____

Name of Business: _____

Business Owner: _____ Phone #: _____

Mailing Address: _____

Check Ownership Type: ___ Sole Proprietor ___ Partnership ___ Corporation ___ LLC ___ LLP

Business Identification # (Tax ID#, EIN#, or last 6 SSN):* _____

***A separate application is needed for all businesses that operate under the above business identification number.**

Description of Business: _____

Have you previously operated as a transient business in the City of Murray? ___ Yes ___ No

Will your transient business require the preparation & distribution of food products? ___ Yes ___ No

If yes, a current health permit issued by the Calloway County Health Department must be submitted.

The following documents must be submitted along with this application for approval:

- Copy of lease agreement or similar document from property owner
- Site Plan - The site plan shall include a mapped location of the proposed business, including existing parking spaces, roadways, sidewalks, setbacks, and buildings; it should also entail measurements of distance from proposed display/enclosure to nearby parking spaces, roadways, sidewalks, and buildings. Aerial photography, existing surveys, or plat will suffice for this purpose. The site plan shall include any photography of tents, trailers, stands, etc. that will be used. ***The City of Murray has the right to review and/or reject any site plan submitted. Once approved by the City, all site plans must be maintained by the transient business with the duration of the permit. Any deviation from the site plan by the transient business may result in revocation of the permit and the transient business activity shall be terminated.***
- Sign Permit Application (if applicable)
- A copy of any local, state or federal permit that is required for your business (i.e. Health department or State Fireworks permits)

Signature: _____ Date: _____

OFFICIAL USE ONLY

Zoning Location: _____ Sign Permit ___ Yes ___ No CUP Required? ___ Yes ___ No Health Dept Permit ___ Yes ___ No

Classification: _____ Fee Amount \$ _____ Business License# _____

___ Approved ___ Denied _____ Permit Expires _____

Zoning Official

Date

CITY OF MURRAY SIGN PERMIT APPLICATION

P.O. Box 1236 • 500 Main Street • Murray, KY 42071 • Phone 270-762-0330 • Fax 270-762-0331 • www.murrayky.gov

APPLICANT INFORMATION

Date: _____ Address: _____ Zone: _____
Business Name: _____ Phone: _____
Agent/Applicant: _____ Phone: _____

SITE INFORMATION

Face of Building (w) _____ X (h) _____ = _____ Sq. Ft. Street Frontage (front lot line) _____ Linear Feet
Side of Building (w) _____ X (h) _____ = _____ Sq. Ft. Distance from Building to Right-Of-Way _____ Feet
Side of Building (w) _____ X (h) _____ = _____ Sq. Ft. Dimensional Variance Required? _____ Yes _____ No
Rear of Building (w) _____ X (h) _____ = _____ Sq. Ft. Date Variance Approved (if applicable) _____

DESCRIPTION OF SIGN(S)

FREE-STANDING or MONUMENT

Signs in grassy areas need landscaping, with a 1:1 ratio.

Example: 24 sq. ft. signage = 24 sq. ft. landscaping

Dimensions (w) _____ X (h) _____ = _____ Sq. Ft.
Overall Height _____ Feet (from ground level)
Setback from street right-of-way _____ Feet
Setback from side property line _____ Feet

WALL-MOUNTED

Dimensions (w) _____ X (h) _____ = _____ Sq. Ft.
Dimensions (w) _____ X (h) _____ = _____ Sq. Ft.
Dimensions (w) _____ X (h) _____ = _____ Sq. Ft.
Dimensions (w) _____ X (h) _____ = _____ Sq. Ft.

READERBOARD

Dimensions (w) _____ X (h) _____ = _____ Sq. Ft.

TEMPORARY

_____ 14 Day _____ 28 Day _____ 42 Day
Dimensions (w) _____ X (h) _____ = _____ Sq. Ft.
Install Date _____ Removal Date _____
Annual A-frame/T-frame _____ Date Exp. _____
Annual Pole Banner _____ Date Exp. _____

Comments: _____

GENERAL SIGN REGULATIONS

- No sign shall be erected at any location where it may obstruct, impair, obscure, or interfere with the view of any traffic sign/signal
- No sign shall be attached to any tree, fence, or utility pole • Window signage shall not exceed 25% of window area
- Free-standing or Monument signs shall not be placed in any public right-of-way or located within ten (10) feet to a street right-of-way

SIGNS PROHIBITED IN ALL ZONES & DISTRICTS

- Flashing or blinking signs (including signs displayed in windows) • Flags, except for nation, state or city • Off-site signage
- Illuminated signs within 50 feet of any residential zone • Projecting signs, except in B-3 zone • Signs painted directly upon the wall surface of a building • Signs that move, rotate or flap, or inflatable signs, and similar devices • Pennants and streamers • Mobile Signs • Vehicles or trailers (operable or inoperable), which contain advertising and are not used in the daily conduct of business

Along with this application you will need to submit sign renderings, a site plan denoting sign specifications, the location of the proposed sign(s) on the lot and/or building, and all setbacks. A full copy of the sign regulations are available online or upon request.

X _____
Applicant's Signature Date

FOR OFFICIAL USE ONLY

Issued By: _____	Notes: _____
Date: _____ Fee \$ _____	_____
Cash: _____ Check # _____	_____
Historic Overlay District: _____ Y _____ N	_____