



# EUREKA FIRE PROTECTION DISTRICT

PO BOX 97 ♦ 4849 HIGHWAY 109  
EUREKA, MO 63025-0097  
TELEPHONE: (636) 938-5505 ♦ FAX: (636) 938-6970  
**IN CASE OF EMERGENCY DIAL 9-1-1**

## USE PERMIT APPLICATION

(Please use Adobe Fill-In, Type or Print on Form)

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

I \_\_\_\_\_ do hereby make application for a **USE PERMIT** to  
(Please Print Name of Applicant)  
operate a business in the Eureka Fire Protection District.

### BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_

BUSINESS STREET ADDRESS: \_\_\_\_\_

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

BUSINESS TELEPHONE #: ( ) \_\_\_\_\_ BUS. FAX #: ( ) \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_ HAZARDOUS MATERIALS: YES NO  
(IF YES PLEASE LIST MATERIALS ON BACK OF SHEET)

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### 24 HOUR EMERGENCY CONTACT / KEY HOLDER INFORMATION

(This information will be kept **CONFIDENTIAL** and will only be used for emergency incident contact.)

CONTACT NAME / TITLE	HOME PHONE	CELL PHONE	OTHER
	( )	( )	( )
	( )	( )	( )
	( )	( )	( )

### BUILDING OWNER INFORMATION

BUILDING OWNER NAME: \_\_\_\_\_

BUILDING OWNER ADDRESS: \_\_\_\_\_

BLDG OWNER TELEPHONE #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

### FOR OFFICIAL USE ONLY

PERMIT # \_\_\_\_\_ ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FEE: \$50.00 REV'D BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_ OCCUPANCY CLASSIFICATION: \_\_\_\_\_

COMMENTS AND/OR SPECIAL CONDITIONS: \_\_\_\_\_

**NSF and Returned checks will be subject to a \$25.00 Charge.**