



West Des Moines Fire Department Prevention Bureau

KIOSK PERMIT APPLICATION PERMIT FEE \$50.00

NAME OF KIOSK: _____

ADDRESS: _____ SUITE: _____

CONTACT NAME: _____ PHONE: _____

Application is hereby made to set up and operate a Kiosk at (name of mall) _____

Beginning (date) _____. If temporary, what is the ending date? _____.

Pursuant to Section 105.6.10 of the West Des Moines Fire Code Supplement to the International Fire Code (2015), an operational permit is required to operate a kiosk within a covered mall. The occupant shall abide by all applicable fire and building codes and shall have the kiosk approved prior to conducting business from the above listed kiosk. An inspection by the fire department will be required for approval. The fee for a Kiosk Permit must be submitted with this application. Please mail this completed permit and permit fee to:

West Des Moines Fire Administration and Prevention Bureau
P.O. Box 65320
West Des Moines, IA 50265
(515) 273-0643

Size of Kiosk: _____ length _____ X width _____ = square feet.

Description of retail fixtures or displays:
_____.

Please contact the West Des Moines Fire Marshal at 515-273-0643 to schedule an inspection.

NOTE: Extensions cords are not allowed. Breakered power strips plugged directly into a wall outlet are permitted. Reinspection fees shall be assessed if fire code violations are not corrected.

Office Use Only			
Inspection Date:	_____		
Inspector:	_____		
Inspection	PASS	FAIL	
Permit Fee of \$50. Received	YES	NO	

