



FIREWORKS PERMIT

(Application must be received three (3) weeks prior to the display date)

DISPLAY: FIREWORKS STAND:

Applicant: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

Contact Person Name (if other than applicant): _____

Business/Organization: _____

Mailing Address: _____

City/State/Zip: _____

Location: _____

Date(s) of Operation: _____, _____ To _____, _____

Hour(s) of Operation: _____ .m. – _____ .m. OR Time of Display: _____

Safety Zone Established in Square Footage: _____

Name of Igniter/Pyro Technician: _____

Crowd & Parking Control Needed: Yes No

Applicant Signature

Date

Mayor

Date

Sheriff Office

Date

Fire Chief

Date

FOR OFFICE USE ONLY	
Approval	
Disapproval	
Date	