



### Fireworks Display Permit Application

**For Office Use**

Permit Number: \_\_\_\_\_

Permit approved:  Yes  No

\$65 Fee Paid  Yes  No

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Applicant**

Name of Applicant/Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**2. Project Description**

Name of Person Conducting Display: \_\_\_\_\_ (Please Provide a Copy of State Licenses)

Address of Display: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please provide a map of the exact area of display. Must include:

- Fireworks Discharge Area
- Distance between discharge area and any structures on or to be placed on property
- Distance between spectators and discharge area
- Location of fire safety and first-aid equipment.

Owner of Property Where Display is to be Located: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Time and Date of Display: \_\_\_\_\_ Rain Date: \_\_\_\_\_

**3. Firework Information**

Type of Fireworks: \_\_\_\_\_

Size of Fireworks: \_\_\_\_\_

Amount of Fireworks: \_\_\_\_\_

Storage Location of Fireworks: \_\_\_\_\_

**4. Liability Insurance**

Please Attach a Copy of Liability Insurance Policy Covering the Event.

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Coverage Period: \_\_\_\_\_ Policy Limits: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Signature of Code Official Verifying Coverage: \_\_\_\_\_

Application for permit to operate a display of outdoor fireworks in conformance with adopted codes and ordinances of the City of Rexburg shall be made in writing on forms provided by this city. All requested information must be provided, incomplete applications will be denied. This display permit allows the discharge of fireworks by qualified persons only. Completed applications must be received a minimum of 7 days prior to the event.

Applicant's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_