

City of West Burlington

APPLICATION FOR FIREWORKS DISPLAY PERMIT

(Applications should be submitted two weeks prior to event.)

City Code Chapter 32.13 (2) - It is unlawful for any person to offer for sale, expose for sale, sell at retail, use or explode any fireworks; provided the City may, upon application in writing, grant a permit for the display of fireworks by a City agency, fair associations, amusement parks and other organizations or groups of individuals approved by City authorities when such fireworks display will be handled by a competent operator.

Organization/Individual Hostin	ng Event:	
_		_
Mailing Address:		_
City:	State:Zip Code:	<u> </u>
Phone: ()	Email:	_
TE INFORMATION		
Address/Location of display:		
**Attach a detailed Vicinity M		le
measurement from other structu	ap showing the proposed location of the display. Including and the location spectators will be viewing display. additional information prior to the issuance of a permit	The City ma
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with this permit application. Name: ______Cell Phone: _____ Alternate: _____ Cell Phone: ____ Have you contacted your local Fire Department with the date, time and location of your Fireworks display? YES□ NO□ **INSURANCE REQUIREMENTS** No permit shall be granted hereunder unless the operator or sponsoring organization has filed with the City evidence of insurance in the following amounts: \$ 250,000 per person • Personal Injury: Property Damage: \$ 50,000 • Total Exposure: \$1,000,000 The City of West Burlington must be listed as a "Certificate Holder" on the Insurance Certificate. **EMERGENCY CONTACT INFORMATION** Display Company's contact person during event: Phone: _____ Cell Phone: _____ **SIGNATURE** _____Date: _____ Applicant Signature: You must submit the following documentation before your application will be considered: ☐ Completed Application ☐ Proof of Insurance ☐ Vicinity Map ☐ Certificate of Authorized Fireworks Shooter Return to: City of West Burlington 122 Broadway Street West Burlington, Iowa 52655 **CITY USE ONLY** □ Approved ☐ Denied – Reason: Signature: ____ _____ Date: ____ Fire Chief/City Official

Name and cell phone number of Certified Fireworks Shooter who will be responsible for igniting the display. Please note; this person must be on-site during the display. Include copy of Certification