



CITY OF INDEPENDENCE, MISSOURI FIRE DEPARTMENT

FIRE PREVENTION BUREAU • 816-325-7121 • Fax 816-325-7120



Application for Fireworks Display Permit (MUST BE FILED AT LEAST 10 DAYS BEFORE DISPLAY)

Date Of Application: _____ Date(s) Of Display: _____ Time Of Display: _____

1. Name of Association/Agency Sponsoring Display: _____

Address of Association/Agency Sponsoring Display: _____

2. Type of Display: [] Display Fireworks 1.3G [] Proximate 1.4G [] LP Gas Effect [] Indoor [] Outdoor

3. Physical address of the Fireworks Display: _____

Operator 1	Age	Address	Phone Number	Years Exp.
_____	_____	_____	_____	_____

Missouri Fireworks Display Operators License # _____ (1.3G)

Missouri Pyrotechnicians Display Operators License # _____ (Proximate 1.4G)

Operator 2	Age	Address	Phone Number	Years Exp.
_____	_____	_____	_____	_____

Missouri Fireworks Display Operators License # _____ (1.3G)

Missouri Pyrotechnicians Display Operators License # _____ (Proximate 1.4G)

5. Number, kind and size of fireworks to be discharged: _____

6. Place and Method of storage until discharged: _____

7. Attach a diagram of the area on which the display is to be held, showing the point at which the fireworks are to be discharged. Include the location of buildings or exposures such as trees, telephone poles, electrical lines, streets, overhead obstructions and public restraining lines. If this is an interior show, please reference interior exposures and crowd gathering area as well as the show site.

8. Name and address of insurance company: _____

9. Attach a copy of insurance policy with city required general liability insurance in the amount of One Million Dollars (\$1,000,000).

10. Include One Hundred Dollars (\$100.00) Application Fee.

11. All Fireworks Displays must be in accordance with NFPA 1123 (Fireworks Displays), NFPA 1126 (Use of Pyrotechnics Before A Proximate Audience), NFPA 160 (Use Of Flame Effects Before An Audience)

I, (please print) _____ being of lawful age and duly sworn upon my oath do swear that the answers and information given in this application are true and complete to the best of my knowledge and belief.

Signature of Applicant

Fire Department Use Only: This application is [] APPROVED [] DENIED

Remarks: _____

Fire Chief

Date

Inspector verifying site

Date