

APPLICATION FOR FIREWORKS PERMIT

TO: Fertile City Council, PO Box 161, Fertile, IA 50434

Applicant _____ Phone _____

Address _____

Date of Birth _____

Sponsor _____ Phone _____

Address _____

Effective Dates of Permit: _____ to _____

Location of Display _____

Dates of Displays, if Known _____

Alternate Dates of Permit _____ to _____

Operator _____ Phone _____

Address _____

Qualifications of the Operator (proof may be required)

1. _____ Fireworks Operator License from another state
2. _____ Pyrotechnics Guild International, Inc. Certification
3. _____ Other formal fireworks safety training. Please specify:

Insurance Company _____

Policy Amount _____

Fire Prevention Measures _____

I approve of the location and fire prevention measures for this Fireworks Display:

Fire Chief _____

Mayor _____

I hereby affirm that I understand that no person shall handle or explode Fireworks while under the influence of alcohol, narcotics or drugs which could adversely affect judgment, movements or stability; that no person will set up or explode Fireworks who is not 18 years of age and qualified as set out above or who is not under the direct supervision of the Operator; that the Operator will conduct a thorough search for any unexploded Fireworks or fuses; that any unexploded Fireworks will be stored or disposed of in a safe manner; and that the Sponsor, Operator and I will follow its terms and the laws of the State of Iowa.

Further, I specifically agree to protect, defend, and hold City of Fertile, its officers and employees and the Fire Chief who signs this application harmless from any and all damages or claims for damages that might arise or accrue by reason of the granting of the permit for which I am applying.

Signature of Applicant

Date