

# APPLICATION FOR PERMIT



700 E. Cherry Street, Troy, MO 63379 Phone: 636-528-8567 Fax: 636-462-2995

FIREWORKS DISPLAY  FIREWORKS PROXIMATE DISPLAY Date of Application: \_\_\_\_\_

Shoot Address: \_\_\_\_\_  
PHYSICAL STREET ADDRESS OR LEGAL DESCRIPTION OF AREA CITY STATE ZIP CODE

Display Date: \_\_\_\_\_ Display Time: Start \_\_\_\_\_ am/pm Stop \_\_\_\_\_ am/pm

Rain Date: \_\_\_\_\_ Requested Inspection Date/Time: \_\_\_\_\_  
MIN. 2 HRS. PRIOR TO SHOOT/SETUP MUST BE COMPLETE

Maximum Aerial Shell Size: \_\_\_\_\_ in. Total No. of Fireworks: \_\_\_\_\_ Reloading:  Yes  No

Discharge Method:  Electrical  Hand Fired  Both No. of Assistants & Dedicated Safety Monitors: \_\_\_\_/\_\_\_\_

Permit Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
SPONSOR OR PERSON APPLYING FOR PERMIT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
NAME OF PERSON APPLYING FOR PERMIT

Address: \_\_\_\_\_  
PERMIT APPLICANT'S STREET ADDRESS CITY STATE ZIP CODE

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Licensed Operator: \_\_\_\_\_ License No. \_\_\_\_\_  
COMPANY NAME OF LICENSED OPERATOR MISSOURI OPERATOR'S LICENSE NO.

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
NAME OF LICENSED OPERATOR WHO WILL BE ON-SITE DURING SHOOT

Address: \_\_\_\_\_  
BUSINESS ADDRESS OF LICENSED OPERATOR CITY STATE ZIP CODE

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

APPLICATION MUST INCLUDE:  DETAILED SITE PLAN  OPERATOR'S LICENSE  PROOF OF INSURANCE

*I, the undersigned, hereby certify that I am the owner/agent authorized to apply for this permit and all information herein is true and correct. Further, I certify I have read and agree to the statements on the back of this form.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ Fee: \$50.00

## DISPLAY OPERATORS: PLEASE READ AND INITIAL EACH PARAGRAPH

\_\_\_\_\_ **CODE COMPLIANCE:** Fireworks displays and proximate displays must comply with Missouri State Law, Lincoln County Fire Protection District #1 Ordinance, International Fire Code, NFPA 1123, 1124, 1126, and all other applicable laws and regulations.

\_\_\_\_\_ **SITE PLAN :** A detailed site plan must be submitted with this application. This site plan must include dimensions of the discharge site, shooter locations, spectator viewing area, parking areas, buildings/structures, fallout areas and all associated separation distances.

\_\_\_\_\_ **OPERATOR'S LICENSE:** The appropriate Missouri Display Operators License must be submitted with this application. This operator must be on-site and in control of the display. Identity will be verified at the time of inspection.

\_\_\_\_\_ **PROOF OF INSURANCE:** Proof of current \$1,000,000 liability insurance must be submitted at the time of application.

\_\_\_\_\_ **INSPECTIONS:** Inspections are required prior to the display and must take place after set-up is complete. Please allow sufficient time for corrections and or changes which may be required by the AHJ.

\_\_\_\_\_ **ASSISTANTS/SAFETY MONITORS:** Operator agrees to have a sufficient number of assistants and dedicated safety monitors on-site during the display for crowd control and monitoring of the fallout area.

\_\_\_\_\_ **COMMUNICATIONS:** If the AHJ will remain on-site during the display, the display operator shall provide for two-way radio communications or other equivalent means of immediate communications between the inspector and the operator.

\_\_\_\_\_ **CEASE FIRE:** The Display Operator agrees to immediately stop all firing on the order of the AHJ.