



DATE OF APPLICATION : _____

APPLICATION FOR PERMIT TO DISPLAY CLASS 1 FIREWORKS

PERMIT HOLDER'S NAME:

Name: _____ Phone No. _____

Home Address: _____ Date of Birth: _____

PERSON SUPERVISING (If different from Applicant)

Name: _____ Phone No. _____

Home Address: _____ Date of Birth: _____

DISPLAY LOCATION: _____

DATE ON AND AFTER WHICH FIREWORKS MAY BE PURCHASED: _____

KIND AND QUANTITY OF FIREWORKS WHICH MAY BE PURCHASED:

Attach Listing if necessary:

INSURANCE CARRIER: (File Certificate naming City of Beloit with City Clerk's Office)

EVENT DATE: _____

Signature of Applicant

<p>For Office Use Only:</p> <p>1. Application completely filled out and signed with site plan attached: _____</p> <p>2. \$25 per day fee paid: _____</p> <p>3. Certificate of Insurance naming City of Beloit filed: _____</p> <p>4. Issue Inspection Checklist to applicant _____</p> <p>5. Letter of permission from site owner to conduct fireworks display _____</p>
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FIRE DEPARTMENT: _____ Approved: ____ Denied: ____ Date: _____

POLICE DEPARTMENT: _____ Approved: ____ Denied: ____ Date: _____

IF DENIED, REASON: _____