

APPLICATION FOR FIREWORKS PERMIT

TO: Delaware County Board of Supervisors
Courtthouse, 301 E. Main Street
Manchester, Iowa 52057

APPLICANT: _____ PHONE: _____

ADDRESS: _____

DATE OF BIRTH: _____

SPONSOR: _____ PHONE: _____

ADDRESS: _____

DATE/TIME OF DISPLAY: _____

RAINDATE OF DISPLAY: _____

LOCATION OF DISPLAY: _____

OPERATOR: _____ PHONE: _____

ADDRESS: _____

Qualifications of Operator (Copy of proof must be attached)

1. _____ Pyrotechnic Guild International, Inc. certification
2. _____ Other formal fireworks safety training. Please specify: _____

INSURANCE COVERAGE (Attach original certificate of insurance)

Company Name _____

Policy Number: _____ Coverage Amount: _____

Risk Manager: _____

Fire Prevention Measures: _____

I _____, being Fire Chief of the _____ Fire Department, do hereby approve of the location and fire prevention measures for this Fireworks display.

Fire Chief: _____

I hereby affirm that I have read the Delaware County Fireworks Permit Resolution; that I understand the Resolution's terms; 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 after 11:00 pm; that no person will set up or explode Fireworks who is not 18 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 Delaware County, Iowa, 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.

Date

Signature of Applicant

This Application (is) (is not) approved by the Delaware County Board of Supervisors on the _____ day of _____, _____.

Chairperson, Delaware County Board of Supervisors