

**APPLICATION FOR FIREWORKS PERMIT**

TO: Hanlontown City Council, PO Box 5, Hanlontown, IA 50401

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:

\_\_\_\_\_  
\_\_\_\_\_

Fire Prevention Measures \_\_\_\_\_

\_\_\_\_\_

**ATTACH CERTIFICATES OF INSURANCE FOR APPLICANT AND OPERATOR  
(IF DIFFERENT FROM APPLICANT)**

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 Hanlontown, 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