



FIREWORKS DISPLAY PERMIT
(City Ordinance #88 & #686)



DATE		BUSINESS NAME			
APPLICANTS NAME					
ADDRESS OF APPLICANT					
CITY		STATE		ZIP	
TELEPHONE NUMBER					
FIREWORK DISPLAY INFORMATION					
LOCATION					
DATE		TIME		DURATION	
ON-SITE CONTACT PERSON					
NAME				CELL NUMBER	

NOTE: Proof of insurance and a copy of an approved Fireworks Permit from authorized Fire Protection District must be attached to this application.

APPROVAL

THE CITY OF CHESTERFIELD HEREBY GRANTS APPROVAL OF THE ABOVE DESCRIBED FIREWORKS DISPLAY. THIS PERMIT IS NOT TRANSFERRABLE NOR DOES IT PLACE ANY LIABILITY ON THE CITY OF CHESTERFIELD FOR THE DISPLAY.

Signed: _____
Chief of Police

Date: _____