



DES MOINES COUNTY
APPLICATION FOR
FIREWORKS DISPLAY PERMIT
(Applications should be submitted two weeks prior to event)



APPLICANT INFORMATION:

Organization/Individual Hosting Event: _____

Applicant Name: _____

Mailing Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

SITE INFORMATION:

Address/Location of Display: _____

DISPLAY INFORMATION:

Company conducting the display: _____

Mailing Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Date of Display: _____ Time of Display: _____

*Alternate Date: _____ Time of Display: _____

Description of Effects: (Aerial, Ground, Set Pieces, Size, Quantity and approximate length of Display)

OPERATOR:

Name and cell phone number of Certified Fireworks Shooter who will be responsible for igniting the display. Please note: this person must be on-site during the display. **Include a copy of Certification with this permit application.**

Name: _____ Cell Phone: _____

Alternate: _____ Cell Phone: _____

Have you contacted your local Fire Department with the date, time, and location of your Fireworks Display?

YES NO

EMERGENCY CONTACT INFORMATION:

Display Company's contact person during event: _____

Phone: _____ Alternate Phone: _____

SIGNATURE:

Applicant Signature: _____ Date: _____

You must submit the following documentation before your application will be submitted to the Board of Supervisors:

- Completed Application
- Certificate of Authorized Fireworks Shooter
- Payment

**Return to: Des Moines County Auditor
513 N. Main St.
Burlington, IA 52601**

CITY/TOWNSHIP USE ONLY

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 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; 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 Des Moines County, Iowa, its officers and employees, and the Fire Chief/designee who signs the application harmless from all damages or claims for damages that might arise or accrue by reason of the granting of the permit for which I am applying.

Fire Chief:

Approved

Denied – Reason: _____

Name: _____

Signature: _____ Date: _____

BOARD OF SUPERVISOR USE ONLY

Approved

Denied – Reason: _____

Chair Signature: _____

Date: _____

Copy to: Des Moines County Sheriff, Fire Chief, Police Dispatch