

APPLICATION FOR FIREWORKS PERMIT

To: Monroe County Board of Supervisors, 10 Benton Ave E, Albia Iowa 52531

Applicant: _____ Phone: _____

Address: _____ Date/Time of Display: _____

Location of Display: _____

Operator: _____ Address: _____

Qualifications of the Operator (proof may be required)

1. Fireworks Operator License from another state (attach current copy)
2. Pyrotechnics Guild International, Inc. certification (attach current copy)
3. Other formal fireworks safety training. Please specify: _____

Certificate of Insurance attached: _____

I hereby affirm 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 persons will setup 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 Monroe County, 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

Fire Prevention Measures: _____

I approve of the location and fire prevention measures for this fireworks display:

Monroe Co Fire Chief

Date