



St. Clair Fire Protection District

Dedicated to preserve life and property

www.scfpd.org

FIREWORKS DISCHARGE FOR EXHIBITION PURPOSES PERMIT APPLICATION

Date: _____

When completing this application; fill in all applicable spaces. Lack of information on this form may cause a delay in the issuance of the permit. Application must be accompanied by a \$50.00 permit fee with a copy of your State Fireworks Permit, Federal Explosives License/Permit, Missouri Display Operator License, Certificate of Liability Insurance, and Site Plan.

Applicant Information

Applicant Name: _____

Organization: _____

Address: _____

Email Address: _____ Phone: _____

Display Details

Address of Display: _____

Date of Display: _____ Time frame: _____

Type and Number of Firework Items to be Discharged: _____

Company Information

Company Name: _____

Address: _____

Email Address: _____ Phone: _____

Additional Details or Comments: _____

I hereby acknowledge that the information contained in this application and accompanying documents are correct. I agree to comply with all applicable laws of the St. Clair Fire Protection District.

Signed: _____ Date: _____

Printed Name: _____ Phone: _____

Issued By: _____ Date: _____

Permit #: _____