

Union Fire Protection District
1401 West Springfield Ave.
Union, MO 63084
636-583-2515
Fax 636-583-6433

**FIREWORKS DISCHARGE FOR EXHIBITION PURPOSES
PERMIT APPLICATION**

DATE: _____

LOCATION OF DISCHARGING FIREWORKS: _____

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE #: _____

DAY(S) OF THE WEEK AND **HOURL(S)** OF DISCHARGING FIREWORKS:

MONDAY: _____ FRIDAY: _____
TUESDAY: _____ SATURDAY: _____
WEDNESDAY: _____ SUNDAY: _____
THURSDAY: _____

EMERGENCY CONTACT: _____

I or We hereby agree to comply with the Ordinance of the Union Fire Protection District as it pertains to *fireworks, discharging for exhibition purposes*. Any violation of the provisions of the Ordinance, including but not limited to: Display of permit or making a false statement on this application, will revoke the permit, without any fee refund to the applicant. There is a **\$50.00 (fifty) fee** that is charged for the discharging of fireworks for exhibitions purposes, payable to the Union Fire Protection District.

DATE: _____ SIGNATURE: _____

OFFICE USE ONLY:

COPY OF INSURANCE YES or NO

PERMIT FEE: \$ _____ MAKE CHECKS PAYABLE TO **UNION FIRE PROTECTION DISTRICT**

NAME OF PERSON COLLECTING APPLICATION: _____

DATE RECEIVED: _____