

**EOLIA COMMUNITY FIRE PROTECTION DISTRICT
FIREWORKS DISPLAY PERMIT APPLICATION**

1. Applicant Information

Name: _____

Organization (if applicable): _____

Phone: _____ Email: _____

2. Display Information

Date of Display: _____

Time of Display: _____

Location (Address): _____

3. Operator Information

Licensed Operator Name: _____

License Number: _____

Phone: _____

4. Display Details

Type of Fireworks: Consumer Display

Brief Description of Display:

5. Safety Information

Distance to Spectators: _____

Fire Protection On Site: Yes No

If yes, describe: _____

6. Insurance

Insurance Company: _____

Coverage Amount: _____

(Certificate of Insurance must be attached)

7. Permit Fee

A **\$100.00 permit fee** is required at the time of application.

Payment Method: Cash Check

Check Number (if applicable): _____

8. Applicant Certification

I agree to follow all applicable laws and safety standards and understand this permit may be revoked if conditions are unsafe.

Signature: _____

Date: _____

OFFICE USE ONLY

Fee Paid: Yes No

Permit Number: _____

Approved: Yes No

Authorized By: _____

Date: _____