



DISPLAY FIREWORKS
PERMIT APPLICATION

NAME OF EVENT: _____

NAME OF ORGANIZATION SPONSORING EVENT: _____

ADDRESS OF ORGANIZATION: _____

LOCATION OF DISPLAY: _____

DATE/TIME OF DISPLAY: _____

RAIN DATE/TIME OF DISPLAY: _____

APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____ **DATE OF BIRTH:** _____

EMAIL: _____

ORGANIZATION'S ON-SITE CONTACT NAME FOR DATE OF DISPLAY: _____

SIZE OF SHELLS/TYPE OF DISPLAY: _____

OPERATOR: _____ **PHONE:** _____

ADDRESS: _____

Attach a copy of a valid driver's license, unless the applicant and operator are the same.

QUALIFICATIONS OF OPERATOR (Copy of proof must be attached)

1. _____ **PYROTECHNIC GUILD INTERNATIONAL, INC. CERTIFICATION**
2. _____ **OTHER FORMAL FIREWORKS SAFETY TRAINING. PLEASE SPECIFY:** _____

INSURANCE COVERAGE (Attach Certificate of Insurance)

*No permit for the display of fireworks involving City property shall be granted without the Operator procuring and maintaining in force during the event a policy of liability insurance which must be in the amount of \$500,000. The certificate of liability shall name the City of Waverly as an additional insured.

Company Name: _____

Policy Number: _____ Coverage Amount: _____

Risk Manager: _____

Fire Prevention Measures: _____

THERE IS NO PERMIT FEE FOR A DISPLAY FIREWORKS APPLICATION.

I hereby affirm that I have read the City of Waverly Display Fireworks Permit ordinance; and that I understand the terms; that no person shall handle or explode fireworks while under the influence of alcohol, narcotics, or drugs that could adversely affect judgment, movements, or stability; that no person will set up or explode fireworks after 11:00 p.m.; that no person will set up or explode fireworks who is under age 18 and not 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 disposed of safely; and that the organized group, operator, and I will follow its terms and laws of the state of Iowa.

Further, I specifically agree to protect, defend, and hold the City of Waverly, Iowa, its officers and employees, the Fire Chief, the Police Chief, and the City Administrator who sign this application harmless from any damages or claims for damages that might arise or accrue because of the granting of the permit for which I am applying.

APPLICANT SIGNATURE: _____ **DATE:** _____

APPROVED BY THE CITY OF WAVERLY REPRESENTATIVES:

FIRE CHIEF: _____ **DATE:** _____

POLICE CHIEF: _____ **DATE:** _____

CITY ADMINISTRATOR: _____ **DATE:** _____

For Office Use Only ROUTING:		
File/Scan ____	Police Department ____	Copy & Receipt to Applicant ____

