Fox River & Countryside Fire Rescue District



APPLICATION FOR DISPLAY FIREWORKS PERMIT

This entire application must be completed and submitted with the required documentation and permit fee of \$50.00 or it will be <u>REJECTED</u>. ***Required Documents must be received 10 days prior to show:

1. Site Diagram	2. Copy of c	lisplay operator's lice	ense 3. C	3. Copy of Certificate of liability of insurance		
Permit Type: G	Fround Display	Body of Water	Aerial	Audience: Public	Private	
Location of display	: Site Name		Site Addı	ress		
Date(s) of display(s): **SET OFF TIN	<u>IE MUST BE INCLU</u>	UDED WITH E	ACH DATE OF DISPL	AY**	
*One rain date per original planned da		eduled when applicati	on is submitted a	and not exceed more than	30 calendar days of the	
PYROTECHNIC	DISPLAY DISTRIE	BUTOR INFO				
NAME:						

ADDRESS:

CITY, STATE, ZIP

PHONE:

EMAIL:

Please attach a copy of your ILLINOIS Pyrotechnic Distributor License

LEAD PYROTECHNICIANS INFO

NAME:

ADDRESS:

CITY, STATE, ZIP

PHONE:

EMAIL:

Please attach a copy of your ILLINOIS Pyrotechnician License

Submit this paperwork and permit fee to:

Fox River and Countryside Fire Rescue District Attn: Fireworks Permit 34W500 Carl Lee Road St. Charles, IL 60174

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List the Name, Ages, and Phone #'s of all other display operators and/or assistants who will be present:

Name (print)	Age	EMERGENCY PHONE#(S)

List the diameter size (in inches) and number of shells to be fired: (Attach additional page as needed)

Number of Shells	Size	Type of shell

Attach a scale map of the site plan and copies of insurance certificate

The operator shall be responsible for the retrieval, removal and disposal of any live "dud" shells.

- ✓ Permits are issued after payment has been received but are NOT VALID until the Fireworks Display Inspection checklist has been approved by the Fire Department Representative <u>on the date of the event</u>.
- ✓ This application must be received a minimum of 10 days prior to show.
- ✓ Copies of Site Map, Insurance certificates and Licenses are attached

I hereby certify that I have read and understand the fireworks laws and regulations for the State of Illinois. I further certify that I have examined this application and documents submitted in support thereof and to the best of my knowledge and belief; they are true, correct, and complete.

Applicant Signature:				Date:
<u>FIRE DEPARTMEN</u>	<u>T USE ONLY:</u>			
Application is:	Approved	Not Approved	Comments:	
Signature of Review	ver:		Rev	iew date: