

HAMILTON COUNTY
APPLICATION FOR PERMIT TO DISPLAY FIREWORKS

Applicant Information:

Name: _____

Address: _____

City: _____ State _____

Operators Name and Address if Different from Applicant:

TO: DISPLAY FIREWORKS FOR ENTERTAINMENT PURPOSES.

Date and Time of Event: _____

Location: _____

Rain Date: _____

Name, Address and Phone Number of Insurance Company and Agent:

A CERTIFICATE OF INSURANCE IN AN AMOUNT OF NOT LESS THAN \$1,000,000 SHALL ACCOMPANY THE APPLICATION.

By signing and applying for a fireworks permit I do hereby accept full responsibility and liability for any and all injuries and/or property damage liability and due hold Hamilton County harmless of any liabilities that may occur during the discharge of fireworks for which this application is intended. The undersigned applicant also certifies that the fireworks display will be handled by a competent operator, who is an adult who is competent to discharge fireworks.

Signed this _____ day of _____, 20__.

Applicant

Permit granted in accordance with Section 727.2, of the Code of Iowa.

Permit Effective from _____ thru _____

Permit No. _____

Chairman, Board of Supervisors