



CITY OF ESTHERVILLE

FIREWORKS DISPLAY APPLICATION

DATE: _____

APPLICANT: _____ PHONE: _____

ADDRESS: _____

PERSON(S) RESPONSIBLE FOR ACTIVITY: _____

DATE OF ACTIVITY: _____ TIME OF ACTIVITY: _____ TO _____

LOCATION OF ACTIVITY: _____

PURPOSE OF ACTIVITY: _____

APPROXIMATE NUMBER OF PEOPLE TO ATTEND: _____

CIRCLE TYPE OF DEVICE: 1ST Class 2nd Class Novelties Professional Display

INSURANCE: **Please provide Certificate of Homeowners and/or Umbrella Policy Insurance.**

I (We) hereby apply for a fireworks permit and agree that if approved I will comply with all conditions imposed and any law enforcement requests. I (We) the applicant(s) further release the City of Estherville from all responsibility and liability in this matter.

SIGNATURE: _____

OFFICE USE ONLY

CONSIDERED BY CITY STAFF: _____

APPROVED

DENIED

SPECIAL REQUIRED CONDITIONS: _____
