



# IDAHO FALLS FIRE DEPARTMENT

Fire Prevention Division  
625 Shoup Avenue, Idaho Falls, ID 83402  
(208) 612-8497

## PUBLIC DISPLAY OF FIREWORKS APPLICATION

Permit Fee: \$70

### BUSINESS/ORGANIZATION INFORMATION

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Corporate Applicant Officer Name(s): \_\_\_\_\_

Date of Fireworks Display: \_\_\_\_\_ Type/Size & Number: \_\_\_\_\_

Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

### PYROTECHNIC OPERATOR

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Pyro ID Certification #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### EVENT DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all City ordinances, adopted codes and State laws relating to the operations and processes described above. I hereby authorize representatives of this City to inspect any operation or process for compliance purposes before issuing the permit. I am either the owner of the business or the contractor responsible for the work and represent the owner, and I am acting with the owner's full knowledge and consent.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*NOTE: A copy of a valid certificate of public liability insurance issued by a company licensed to issue insurance policies within the State of Idaho, providing coverage of at least \$1 million for personal injury and \$100K property damage from a public display of special fireworks shall be presented at the time of application.*

### DO NOT WRITE IN THIS SPACE – OFFICIAL USE ONLY

Receipt # \_\_\_\_\_

Collected by: \_\_\_\_\_

Inspection completed on: \_\_\_\_\_

By: \_\_\_\_\_

Permit issued on: \_\_\_\_\_

Permit expires on: \_\_\_\_\_