



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: _____