



CITY OF SPRINGFIELD PYROTECHNICS DISPLAY PERMIT APPLICATION

PLEASE NOTE: THIS PERMIT MUST BE APPLIED FOR 15 DAYS BEFORE THE EVENT

Section I: Applicant Information

Class of Fireworks: _____

Pyrotechnic Distributor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Pyrotechnic Distributor License Number: _____ Expiration Date: _____

Lead Pyrotechnic Operator: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____

Pyrotechnic Operator License Number: _____ Expiration Date: _____

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Age: _____

Section II: Fireworks Display Information

Date of the Display: _____ Time of the Display: _____

Rain Date: _____

Location of the Display: _____

Section III: Required Attachments

- **Site Plan** that identifies significant ground features, public right of ways, buildings and/or structures, overhead obstructions, parking and spectator viewing areas. Also include the location of fireworks storage, fallout areas (including dimensions) for the largest shell, location of emergency vehicle staging areas and access routes and significant roadways, including access and control points. Also include the location of electrical firing unit. Please also indicate which way is NORTH on the site plan.
- **Inventory** of the amount, size and types of product to be used for the display
- **Proof of Insurance** in an amount of \$1,000,000.00
- Office of the State Fire Marshal (OSFM) **Pyrotechnic Distributor License**
- Office of the State Fire Marshal (OSFM) **Pyrotechnic Operator License**
- Bureau of Alcohol, Tobacco and Firearms (**ATF**) **License/Permit**
- Illinois Department of Natural Resources (**IDNR**) **Storage Certificate**
- Any **signed contracts** related to this fireworks display

Section VI: Legal Affidavit

The undersigned, certifies that there are no willful misrepresentations, omissions or false statements made by me in this application and all of my answers are true and correct to the best of my knowledge. I understand that this application is to be part of a Commercial Fireworks Display Permit. I understand that knowingly providing false statements, misrepresentations or omissions will result in denial of the application for a license.

The undersigned, being duly sworn, hereby attest, under the penalty of perjury that I have paid all taxes or other debts owed to the City of Springfield. I understand that the Springfield Fire Department shall refuse to issue the underlying license or shall deny approval of this background check until such time as all taxes and outstanding debts are paid. The Springfield Fire Department shall be authorized to suspend or revoke any license if I fail to pay any tax or other debt owed to the City of Springfield to date.

Applicant Signature: _____ Date: _____

Section V: Notary Signature

Subscribed and sworn before me on this: _____ Day of, _____
(date) (month) (year)

(seal)

(Notary Signature)

For Springfield Fire Department Division of Fire Safety Use Only

Approve

Deny

If Denied: _____

Permit Inspection Date: _____ Inspection Done By: _____

Final Inspection Date: _____ Inspection Done By: _____

Notes: _____

Fire Safety Division Chief: _____

For City of Springfield Use

Fee: \$250.00

Treasurer's Code: _____

Treasurer's Office

Approve Deny If Denied: _____

Approved by: _____ Date: _____

Permit Issued by the Clerk? Yes No

City Clerk: _____ Date: _____