



**APPLICATION FOR THE DISPLAY OF FIREWORKS PERMIT**

This entire application must be completed and submitted with the **\*required documentation or it will be REJECTED.**

**\*Required Documents must be received 10 days prior to show\***

1.  Site Diagram 2.  Copy of operator's license 3.  Copy of current business license 4.  Copy of Drivers License  
 5.  IF 1.3G a copy of ATF license/ permit 6.  Copy of Certificate of liability of insurance of no less than \$1 Million

Permit Type:  Ground 1.4G  Aerial  Proximate Audience Display Is:  Sponsored  Private

**Location of display:**

Date and Time(s) of display:

DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME

**\*1 Rain Date Per Event MUST BE scheduled when application is submitted and not exceed more than 30 calendar days of the permit expiration date.**

DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME

**Sponsor's Name:**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Alternate Phone(s):** \_\_\_\_\_

**Application is being made by (PRINT YOUR NAME):**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Alternate Phone(s):** \_\_\_\_\_

**E-MAIL address:** \_\_\_\_\_

Missouri State Statute (RSMo 320.126.4) requires all fireworks displays "shall be supervised, managed, or directed by a Missouri licensed operator or pyrotechnic operator on site."

**Name of operator:** \_\_\_\_\_ **Mo. License #:** \_\_\_\_\_

**Operators Driver's license number:** \_\_\_\_\_ **State of issue:** \_\_\_\_\_

City of Springfield Fire Department  
 830 Boonville Ave  
 Springfield, MO 65802  
 417-874-2300

Homepage: <http://www.springfieldmo.gov/sfd> e-mail:city@springfieldmo.gov



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List the Name, Ages, and Emergency Phone #'s of all operators and assistants who will be present at this display:

Name (print)	Age	EMERGENCY PHONE #(S)	DRIVERS LICENSE #

List the diameter size (in inches) and number of shells to be fired: (Attach additional page as needed)

Number of Shells	Size	Type of shell

The operator shall be responsible for the retrieval, removal and disposal of any live “dud” shells.

- Permits are issued after payment has been received but are **NOT VALID** until the Fireworks Display Inspection Checklist has been approved by the Fire Marshal or a Fire Department Representative.
- This application must be received a minimum of 10 days prior to show.
- It is the requestor’s responsibility to submit to the Fire Department a valid and current insurance policy upon the expiration of any previous policy prior to the next scheduled event or the permit will be voided.

I hereby certify that I have read and understand the fireworks laws and regulations for the state of Missouri. I further certify that I have examined this application and documents submitted in support thereof and to the best of my knowledge and belief; they are true, correct, and complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b><i>For Technical Services- Use only:</i></b>			
Application is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Comments: _____
Signature of Reviewer:	_____	Review date:	_____