



FIREWORKS DISPLAY PERMIT

DATE OF FIREWORKS DISPLAY: _____ TIME: _____

LOCATION: _____

PERMIT #: _____

APPLICANT(S): _____

FIRM PROVIDING DISPLAY: _____

INSURANCE CARRIER: _____

CITY LISTED AS ADDITIONAL INSURED: _____

DISPLAY SUPERVISOR: _____

MFPD SIGN OFF / APPROVAL: _____

THIS PERMIT IS NON-TRANSFERABLE AND MUST BE IN THE POSSESSION OF THE DISPLAY SUPERVISOR.

THIS PERMIT IS GOOD ONLY FOR THE DATE ISSUED, AT THAT LOCATION AND TIME.

ISSUING CITY OFFICIAL

DATE AND TIME ISSUED