



APPLICATION FOR DISPLAY FIREWORKS PERMIT

City of Waverly
200 1st Street NE, Waverly, IA 50677

NAME OF EVENT: _____

NAME OF ORGANIZATION SPONSORING EVENT: _____

ADDRESS OF ORGANIZATION: _____

NAME OF APPLICANT: _____ PHONE#: _____

ADDRESS: _____ DATE OF BIRTH: _____

ORGANIZATION'S ON-SITE CONTACT FOR DAY OF DISPLAY: _____

CONTACT'S PHONE # ON DAY OF DISPLAY: _____

DATE/TIME OF DISPLAY: _____

RAIN DATE/TIME OF DISPLAY: _____

LOCATION OF DISPLAY: _____

SIZE OF SHELLS/TYPE OF DISPLAY: _____

OPERATOR: _____ Phone: _____

ADDRESS: _____

Attach copies of valid driver's license for applicant and operator unless they are the same.

Qualifications of Operator (Copy of proof must be attached)

- 1. _____ Pyrotechnic Guild International, Inc. certification
- 2. _____ Other formal fireworks safety training. Please specify: _____

INSURANCE COVERAGE (Attach certificate of insurance)

Company Name: _____

Policy Number: _____ Coverage Amount: _____

Risk Manager: _____

Fire Prevention Measures: _____

I _____ being Fire Chief of the Waverly Volunteer Fire Department, do hereby approve the location and fire prevention of this Fireworks display.

Fire Chief: _____ Date: _____

I _____ being Police Chief of the Waverly Police Department, do hereby approve the location and fire prevention of this Fireworks display.

Police Chief: _____ Date: _____

I _____ being City Administrator of the City of Waverly, do hereby approve the location and fire prevention of this Fireworks display.

City Administrator: _____ Date: _____

I hereby affirm that I have read the City of Waverly Fireworks Permit Ordinance; that I understand the terms; that no person shall handle or explode Fireworks while under the influence of alcohol, narcotics, or drugs which could adversely affect judgment, movements, or stability; that no person will set up or explode Fireworks after 11:00 p.m.; that no person will set up or explode Fireworks who is not 18 and qualified as set out above or who is not under the direct supervision of the Operator; that the Operator will conduct a thorough search for any unexploded Fireworks or fuses; that any unexploded Fireworks will be disposed of in a safe manner; and that the Organized Group, Operator, and I will follow its terms and the laws of the State of Iowa.

Further, I specifically agree to protect, defend, and hold the City of Waverly, Iowa, its officers and employees, the Fire Chief, the Police Chief, and the City Administrator who sign this application harmless from any and all damages or claims for damages that might arise or accrue by reason of the granting of the permit for which I am applying.

Signature of Applicant

Date