

Fireworks Display Permit

Fire & Rescue

307 East Monroe St
Mount Pleasant, IA 52641
319-385-1488
Drew Schumacher, Fire Chief



APPLICATION DATE: _____

DISPLAY DATE: _____

APPLICANT:

NAME: _____

ADDRESS: _____

PROPERTY OWNER OF DISPLAY LOCATION:

NAME: _____

ADDRESS: _____

COMPETENT OPERATOR HANDLING DISPLAY:

NAME: _____

ADDRESS: _____

OPERATOR INSURANCE CERTIFICATE: _____

ATTACH PROOF OF INSURANCE

GROUP SPONSORING DISPLAY: _____

IS THE DISPLAY: ☐ PUBLIC ☐ PRIVATE

SIGNATURES:

Signature, Applicant

Signature, Sponsoring Organization

Signature, Property Owner

I certify that I am the Fire Chief of Mount Pleasant Fire and Rescue that covers the location of the proposed display and that my department is capable of responding to an emergency situation that may occur because of said display.

Signature, Fire Chief

Date

PERMIT # _____