# Application for Permit for Public Exhibition of Fireworks Displays

**BOX 1 - CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Company Name (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City / State / Zip:</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>Home or Cell Phone</td>
</tr>
<tr>
<td>Email:</td>
<td>Fax</td>
</tr>
</tbody>
</table>

**Best way to reach me is:**

- [ ] Phone
- [ ] Email

**I am the:**

- [ ] Owner
- [ ] Tenant
- [ ] Representative

**Signature:**

**Date:**

*I agree to comply with Chapter 276 of the Belleville Village Code and provide an indemnity bond.*

**BOX 2 - INSTRUCTIONS**

The application submission must include the supporting documentation as follows:

a. Sufficient bond in the name of the Village of Belleville or Certificate of Insurance naming the Village of Belleville as an additional insured. The minimum amount of liability insurance shall be $1,000,000, and shall otherwise be in conformance with Chapter 276 of the Village Code.

b. A complete list of all pyrotechnic devices to be displayed. Displays before an approximate audience require the submission of device and effect descriptions.

c. Site plan(s) which detail the firing site and device layout and an overall site plan indicating the locations of spectators, the firing site, the fallout perimeter, and fireworks storage area.

d. Unless Village property, letter of permission to display fireworks by the property owner.

e. Resumes for each pyrotechnician to be on-site.

**BOX 3 - LOCATION & DATE**

The below-named hereby apply for a permit to conduct a public fireworks display.

**Date of Display:** ___________________  **Rain Date:** ___________________

**Address/Location:** __________________________________________________________________________

________________________________________________________________________________________

Have all necessary permits been received for use of premises? Yes ____  No ____

**Name, Address, and Phone Number of Supplier of Fireworks:** ______________________________________

_________

________________________________________________________________________________________

**BOX 4 - ORGANIZATION - INDIVIDUAL**

a. **Name:** _______________________________________________________________________________

b. **Address:** _____________________________________________________________________________

c. **Date Organized:** ____________________  **Phone Number(s):** __________________________________

d. **Officers of Organization:**
   - **President:** __________________________________________________________________________
   - **Date of Birth/Phone Number:** __________________________________________________________

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Revision Dec 7, 2012 Final 2012-08-16
Vice-President: ______________________________________________________________
Date of Birth/Phone Number: ___________________________________________________

Secretary: __________________________________________________________________
Date of Birth/Phone Number: ___________________________________________________

Treasurer: __________________________________________________________________
Date of Birth/Phone Number: ___________________________________________________

e. Name and Address of Person in Charge of Affair:  ___________________________________________
______________________________________________________________________________________

Date of Birth:

Have you ever been convicted of a felony within the past five years from the date of this application: Yes __ No __
If yes, give date(s) of conviction(s): ______________________________________________________________
__________________________________________________________________________________________

BOX 5 - FIREWORKS REVIEW

IS THE ENTITY THE SPONSOR?  YES ___ NO ___, CO-SPONSOR YES ___ NO ___
OR DOES THE EVENT TAKE PLACE ON ENTITY-OWNED PROPERTY YES ___ NO ___

FULL SCHEDULE/DESCRIPTION OF ALL EVENTS TO BE COVERED (BROCHURE OR FLYER HELPFUL)
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

DESCRIBE SECURITY PROTECTION (INCLUDE POLICE, FIRE, AMBULANCE ON CALL & WHERE
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

DESCRIBE EMERGENCY EVACUATION PROCEDURES (IN CASE OF MEDICAL EMERGENCY, FIRE,
WEATER, ETC.) ______________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

ESTIMATED TOTAL ATTENDANCE PER DAY _____________
NUMBER OF YEARS THAT EVENT HAS BEEN HELD ______________
LOSSES ____________________________________________________
WHO IS SHOOTING OFF FIREWORKS ______________________
ARE THEY AN INDEPENDENT CONTRACTOR? YES ___ NO ___
ARE THEY LICENSED? YES ___ NO ___

IF FIRE DEPARTMENT MEMBERS ARE SHOOTING OFF FIREWORKS, NEED INFORMATION BELOW
IF NOT LICENSED, DO THEY HAVE ANY CERTIFIED TRAINING? YES ___ NO ___
IF CERTIFIED, WHEN & WHERE TRAINED? _____________________________________________________
NUMBER OF YEARS EXPERIENCE ______________________
IS AN INSURANCE CERTIFICATE REQUESTED? YES ___ NO ___
IS THE ENTITY NAMED INSURED? YES ___ NO ___
AMOUNT OF INSURANCE ____________________ COMPANY ___________________
ANY DEDUCTIBLE ______________________

IF CONTRACTING OUT THE FIREWORKS: AN INSURANCE CERTIFICATE IS REQUIRED. THE
INDEPENDENT CONTRACTOR SHOULD HAVE AT LEAST $1,000,000 IN LIABILITY COVERAGE NAMING
THE MUNICIPALITY AS ADDITIONAL INSURED AND HAVE A HOLD HARMLESS/INDEMNIFICATION
WAIVER FOR MUNICIPALITY. THE MUNICIPALITY NEEDS TO REVIEW THE CERTIFICATE OF INSURANCE
TO SEE IF THE INDEPENDENT CONTRACTOR IS RESPONSIBLE FOR THE CLEAN UP OF THE UNFIRED
SHELLS AFTER THE EVENT HAS ENDED.
IN THE EVENT THE FIREWORKS COMPANY IS NOT RESPONSIBLE FOR THE CLEAN-UP OF UNFIRED SHELLS AFTER THE EVENT HAS ENDED, THE MUNICIPALITY MUST DESIGNATE A SPOTTER WHOSE RESPONSIBILITY IS TO ENSURE THAT ALL SHELLS HAVE DETONATED. IF THERE ARE ANY UNEXPLODED SHELLS KNOWN IN THE AREA MUST BE SECURED UNTIL THE UNEXPLODED SHALL(S) HAVE BEEN FOUND AND DISPOSED OF.

SHELL SIZES _______________________ NUMBER BEING SHOT OFF _______________________________

ARE FIREWORKS BEING SHOT OFF OVER WATER? YES ___ NO ___

IF YES, WHERE _____________________________________________________________________________

HAS THE N.F.P.A. CODE 1123 BEEN COMPLIED WITH? YES ___ NO ___

IS THE DEPARTMENT GOING TO HAVE PERSONNEL AND EQUIPMENT AT THE SITE OF THE FIREWORKS DISPLAY? YES ___ NO ___

BOX 6 - RETURN THIS FORM TO:
Mail: 24 W. Main Street, P.O. Box 79, Belleville WI 53508
Fax: 608-424-3423 Email: info@villageofbelleville.com
Drop Box: At 24 W. Main Street, 24 hours / day Questions: 608-424-3341

BOX 7 - APPROVALS
Your request has been:

☐ Approved  ☐ Not Approved  ☐ Approved with these Conditions:

Permit approved by:

BOX 8 - OFFICE USE ONLY
Referred to: Village Board Received on:

Response by (attach any correspondence):

☐ Copy to Police Chief
☐ Copy to Fire Chief

Action / Recommendations / Instructions: Date responded:

Code Reference: 276 ☐ Indemnity Bond received