

APPLICATION FOR FIREWORKS PERMITS

To: Sioux County Board of Supervisors, PO Box 18, Orange City IA 51041

Applicant: _____ Phone _____

Address: _____

Date of Birth: _____

Sponsor: _____ Phone _____

Address: _____

Date/Time of Display: _____

Location of Display: _____

Operator: _____ Phone _____

Address: _____

Qualifications of the Operator (proof may be required)

1. _____ Fireworks Operator License from another state (attach current copy)
2. _____ Pyrotechnics Guild International, Inc. certification (attach current copy)
3. _____ Other formal fireworks safety training. Please specify and attach copies of any documents that support your statements:

Certificate of Insurance attached naming Sioux County as additional insured: _____

Fire Prevention Measures: _____

I approve of the location and fire prevention measures for this fireworks display:

Fire Chief: _____ Date _____

I hereby affirm that I have read the Sioux County Fireworks Permit Resolution; that I understand the Resolution's 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 persons will setup 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 stored or disposed of in a safe manner; and that the Sponsor, Operator, and I will follow its terms and the laws of the State of Iowa.

Further, I specifically agree to protect, defend, and hold Sioux County, its officers and employees, and the Fire Chief who signs this application harmless from any and all

