



Application for Permit for Public Exhibition of Fireworks Displays

BOX 1 - CONTACT INFORMATION

Name:		Company Name (if applicable):	
Address:		City / State / Zip:	
Work Phone:		Home or Cell Phone	
Email:		Fax	
Best way to reach me is:		I am the:	
<input type="checkbox"/> Phone <input type="checkbox"/> Email		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Representative	

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

Signature: _____ Date: _____

BOX 2 - INSTRUCTIONS

The application submittal must include the supporting documentation as follows:

- 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.
- A complete list of all pyrotechnic devices to be displayed. Displays before an approximate audience require the submittal of device and effect descriptions.
- 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.
- Unless Village property, letter of permission to display fireworks by the property owner.
- Resumes for each pyro-technician 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 - ORGAIZATION - INDIVIDUAL

a. Name: _____

b. Address: _____

c. Date Organized: _____ Phone Number(s): _____

d. Officers of Organization:

 President: _____

 Date of Birth/Phone Number: _____



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