



# Cottleville Fire Protection District

## PYROTECHNIC SPECIAL EFFECTS PERMIT APPLICATION

\$100 Permit Fee

Display Location:

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date(s) of display: \_\_\_\_\_

Pyrotechnic Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Operator in charge of display: \_\_\_\_\_

His/her State of Missouri Shooter's License #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_

By signing below, the applicant is affirming that he/she is the fireworks company owner, or an authorized agent for the owner.

Applicant Signature: \_\_\_\_\_

Has a copy of the required \$1,000,000 insurance policy been provided? Y \_\_\_\_\_ N \_\_\_\_\_

Has a copy of the site plan been provided? Y \_\_\_\_\_ N \_\_\_\_\_

**\*\*\* Do Not Write Below – Office Use Only \*\*\***

Permit #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_