



WINFIELD-FOLEY FIRE PROTECTION DISTRICT



APPLICATION FOR DISPLAY FIREWORKS PERMIT

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This entire application must be completed and submitted with the required documentation.

Check one: Display is: Sponsored Private

Location of display: _____

Address: _____

City: _____ County: _____ Zip: _____

Fire Department/Authority Having Jurisdiction: WINFIELD-FOLEY FPD

Phone number for Fire Department/Authority Having Jurisdiction: 636-566-8406

Date of display: _____ Alternate date: _____

Sponsor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Alternate Phone: _____

Application is being made by:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Alternate Phone: _____

Driver's license number and state of issue: _____

Name of operator: _____ Mo. License #: _____

The display will be fired: Manually Electrically Combined

◆ Name and ages of all operators and assistants who will be present at this display: ◆

Name (print)

Name (print)

_____	_____
_____	_____
_____	_____



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List the diameter size (in inches) and number of shells to be fired: (Attach additional page as needed) _____

Number of shells	Size	Type of shells

I hereby certify that I have read and understand the fireworks laws and regulations for the state of Missouri. I further certify that I have examined this application and documents submitted in support thereof and to the best of my knowledge and belief; they are true, correct, and complete.

Signature: _____ Date: _____

RSMO 320.126.4 requires all fireworks displays "shall be supervised, managed or directed by a Missouri licensed operator or pyrotechnic operator on site."