Date Received: _____
Date Issued: _____

FIREWORKS DISPLAY PERMIT APPLICATION

SPONSOR NAME: _____

PHONE

ADDRESS: _____

STREET CITY ZIP CODE

DATE OF DISPLAY: _____

LOCATION OF FIREWORKS DISPLAY:

PROPERTY ADDRESS: _____

PROPERTY OWNER NAME: _____

NUMBER OF PERSONS EXPECTED TO ATTEND: _____

NAME OF PERSON(S) HANDLING & DISPLAYING FIREWORKS:

1. _____

2. _____

TYPE OF FIREWORKS TO BE DISPLAYED: _____

_____

_____
SIGNATURE OF OFFICER OR AGENT OF ORGANIZATION

NOTE: Applicants must first obtain a permit from either the State Fire Marshall or the Osage Beach Fire District. A copy of such permit and a fee payment of $25.00 must accompany this application.

……

(TO BE COMPLETED BY CITY)

_____
APPROVAL DATE SIGNATURE OF POLICE CHIEF

City of Osage Beach
City Clerk
1000 City Parkway
Osage Beach, MO 65065
573-302-2000 Phone – 573-302-2039 FAX