

**APPLICATION FOR DISPLAY FIREWORKS PERMIT**

Submit completed application at least fourteen (14) days prior to the proposed use of display fireworks to:  
 Linn County Auditor, 935 Second Street SE, Cedar Rapids, IA 52404

<b>Display</b>	Date: _____	Ending Time: _____
	Start Time: _____	
	Location _____	

<b>Applicant</b>	Name: _____	Date of Birth: _____
	Address: _____	
	E-Mail: _____	Phone: _____

<b>Sponsor</b>	Name: _____	
	Address: _____	
	E-Mail: _____	Phone: _____

<b>Operator</b>	Name: _____	Date of Birth: _____
	Address: _____	
	E-Mail: _____	Phone: _____
	Check the safety requirement(s) met by the Operator (proof may be required).	
	_____ Display Operator Certification from Pyrotechnics Guild Int.	Cert. # _____
	_____ Current, valid firework's operator license	State: _____ Lic. # _____
	_____ Equivalent safety training and experience	
	Please explain: _____	
	_____	

<b>Insurance</b>	Insurance Company: _____
	Insurance Coverage Amount: _____

<b>Fire Prevention</b>	Fire Prevention Measures (attach additional sheets if necessary): _____
	_____
	_____

I, the Applicant, hereby affirm: I have read Linn County Resolution No. 2019-5-83 establishing provisions for the permitting and use of fireworks and I understand the provisions listed in the resolution; No person shall handle or explode fireworks while under the influence of alcohol or drugs that could adversely affect judgment, movements, or stability; No person who is not 18 years of age will set up or explode fireworks; No person who does not meet at least one of the safety requirements of an Operator, or who is not under the direct supervision of an Operator will set up or explode fireworks; The Operator will conduct a thorough search for unexploded fireworks or fuses at the conclusion of the display. Any unexploded fireworks will be stored or disposed of in a safe manner; The Applicant, Sponsor and Operator will follow the provisions of Resolution 2019-5-83, and Iowa law. Further, I specifically agree to protect, defend, and hold Linn County, its officers and employees, and the fire chief or assistant fire chief who signs this permit application, harmless from any and all damages or claims for damages that might arise or accrue by reason of the granting of the permit for which I have applied.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Fire Chief or Asst. Fire Chief's Signature: \_\_\_\_\_ Dept. \_\_\_\_\_ Date: \_\_\_\_\_

Linn County Risk Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application was approved by the Linn County Board of Supervisors on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Attest: \_\_\_\_\_, Joel D. Miller, Linn County Auditor