



APPLICATION FOR FIREWORKS PERMIT

TO: Johnson County Board of Supervisors: 913 South Dubuque Street, Suite 201
Iowa City, Iowa 52240-4207
Phone: 319-356-6000
www.johnson-county.com

Applicant (Municipality, Organization or Group of Individual):

Name: _____

Contact person: _____

Address: _____

Phone number: _____

Display:

Type of display (See ordinance):

_____ Consumer Fireworks (1.4) _____ Display Fireworks (1.3)

Date: _____ Raindate: _____

Time: _____

Approximate start time: _____ Approximate end time: _____

Location: Attach diagram

Address: _____

Operator:

Name: _____

Address: _____

Phone number: _____

Birthdate: _____

Certification:

PGI: _____ _____ Include copy

ATF: _____ _____ Include copy

Other – Specify and include copy: _____

I hereby affirm that I have read Johnson County Ordinance No.: [03-28-13-01](#) governing issuance of fireworks permits; that I understand the ordinance's terms; and that I will conduct myself according to its terms and according to the laws of the State of Iowa.

Further, I specifically agree to protect, defend and hold Johnson County 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 am applying.

Signature of Applicant's Representative

Date of Application

For Office Use Only

Date application submitted: _____

Checklist:

___ Application complete

___ Certification

___ Drawing of shoot site

___ Proof of insurance

___ Application fee (\$20.00)

___ Cash ___ Money Order ___ Check

APPROVED BY THE JOHNSON COUNTY BOARD OF SUPERVISORS

Chairperson

Date