

CITY OF WILLISTON  
APPLICATION FOR PUBLIC **FIREWORKS DISPLAY PERMIT**  
FOR A SPECIAL EVENT AT DESIGNATED PREMISES

APPLICATION FEE: \$2.00

Submit this application to the City Auditor's office by 10:00 a.m. on the Thursday before the meeting of the Board of City Commissioners (2<sup>nd</sup> and 4<sup>th</sup> Tuesdays of each month). A fully approved copy will be sent to the licensee for display at the special event.

1. Name of Applicant \_\_\_\_\_
2. Mailing Address \_\_\_\_\_
3. Phone Number \_\_\_\_\_
4. Date/s and Time/s of Special Event \_\_\_\_\_
5. Describe the Special Event fully \_\_\_\_\_  
\_\_\_\_\_
6. On page 2, indicate premises to be used.

The undersigned agrees that s/he is the proper officer to sign for the applicant and agrees that the applicant indemnifies the City and holds it harmless from any liability arising as a result of this permit.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

PERMIT

The above-named applicant is hereby authorized for a supervised public display of fireworks in accordance with the law and ordinances at the premises and on the date(s) and time(s) set forth in this application, subject to such rules and regulations as have been established. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
JOHN KAUTZMAN, City Auditor

**OFFICIAL OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Fee Received: \$ \_\_\_\_\_ PBA # \_\_\_\_\_

Fire Department Notified

DESCRIPTION OF PREMISES

Address of Premises \_\_\_\_\_

Name of site where event will be held \_\_\_\_\_

Do premises meet local and state requirements regarding safety? \_\_\_\_\_ Yes \_\_\_\_\_ No

Draw a clear and understandable site plan of the premises, indicating where the fireworks will be set off.