

CASS COUNTY DISPLAY OF FIREWORKS PERMIT APPLICATION

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ DATE OF BIRTH: _____
(If applicable)

PHONE NUMBER(S): _____ CELL: _____

EMAIL ADDRESS: _____

FIREWORKS DISPLAY

DATE: _____ TIME: _____

LEGAL DESCRIPTION (IF KNOWN): _____

LOCATION: _____

APPROXIMATE NUMBER OF PEOPLE ATTENDING: _____

NUMBER OF PERSONS UNDER AGE 12: _____

By signing and applying for a fireworks permit I do hereby accept full responsibility and liability for any and all injuries and/or property damage liability and hold Cass County harmless of any liabilities that may occur during the discharge of fireworks for which this application is intended.

I CERTIFY THAT THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's signature

Date

[illegible]

PERMISSION FOR DISPLAY OF FIREWORKS

The CASS COUNTY BOARD OF SUPERVISORS grants permission for the display of fireworks to the applicant listed and on the date(s) requested above.

_____, Chairman

Date approved

SUBJECT TO RULES OF SECTION 727.2, CODE OF IOWA

Cc: Cass County Board of Supervisors
Cass County Sheriff's Department
Cass County Emergency Management
Applicable.city fire department