

MACOUPIN COUNTY  
PYROTECHNIC/ FIREWORKS DISPLAY  
PERMIT APPLICATION

- I. Group or Organization seeking permit (Must consist of at least 3 adult persons):  
\_\_\_\_\_
- II. Legal Form of Applicant (partnership, corporation, not for profit corporation, private persons etc.) :  
\_\_\_\_\_
- III. Location of Display: \_\_\_\_\_
- IV. Date and beginning and ending times of display:  
\_\_\_\_\_
- V. Rain out date(s) and times: \_\_\_\_\_
- VI. Vendor selling displays: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Contact person: \_\_\_\_\_
- VII. Is vendor licensed by office of State Fire Marshall: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unsure
- VIII. Liability Insurance:  
a. Carrier: (name, address, phone, agent)  
\_\_\_\_\_  
\_\_\_\_\_
- b. Persons and entities covered: \_\_\_\_\_
- c. Copy of certificate of insurance must be provided to issuing officer before day of intended display.
- IX. Describe emergency fire and medical services which will be available  
\_\_\_\_\_  
\_\_\_\_\_
- X. Person(s) or entity who will execute the display:  
a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Phone: \_\_\_\_\_  
d. Contact: \_\_\_\_\_

- XI. Applicant must notify other overlapping governmental jurisdictions and provide them a copy of the application.

The applicant acknowledges receipt of the Fireworks Use Act, Pyrotechnic Distributor and Operator Licensing Act and State Fire Marshall Emergency Rules implementing these acts and agrees to follow all provisions of these acts, rules and regulations.

\_\_\_\_\_  
Name (Supervisor of display)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Macoupin County its agents, officers, employees and elected officials are not responsible for any injuries or losses sustained as a result of the display of the fireworks or pyrotechnics.