

Fireworks Permit
The City of Robins

Applicant: _____
Phone #: _____
Address: _____
Date of Birth: _____
Sponsor: _____
Phone #: _____
Address: _____
Time and
Date of
Display: _____
Location of
Display: _____
Operator: _____
Phone #: _____
Address: _____

Qualifications of the Operator (proof may be required):

1. _____ Fireworks Operator License from another state.
2. _____ Pyrotechnics Guild International, Inc. certification
3. _____ Other formal fireworks safety training. Please specify.

Insurance Company: _____
Policy Amount: _____
Fire Prevention Measures: _____
and personnel. _____

I approve the location and fire prevention measures for the Fireworks Display.

Fire Chief: _____ Date: _____

I hereby affirm that I have read and understand the terms of this permit. That no person shall handle or explode fireworks while under the influence of alcohol, narcotics, or drugs which could adversely affect judgment, movements or stability. That no person will set up or explode fireworks who is not 18 and qualified as set out above or who is not under the direct supervision of the operator. That the operator will conduct a thorough search of any unexploded fireworks or fuses; that any unexploded fireworks will be stored or disposed of in a safe manner; and that the sponsor, operator, and I will follow the terms of the laws and the State of Iowa.

Further, I specifically agree to protect, defend, and hold the City of Robins, its officers and employees, and the Fire Chief and designated official who signs this 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 am applying.

This Application is approved by the designated official:

Applicant: _____	Name: _____
Date: _____	Title: _____
Signature: _____	Date: _____
	Signature: _____