



TERRY M DeGUENTZ, AAS, NREMT-P
Fire Prevention Division Chief

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Education, Engineering, and Enforcement

Serving West St. Louis County since 1908

DATE: _____

PERMIT NO. _____ MUNICIPALITY: _____

APPLICANT'S NAME: _____ PHONE NO: _____

REPRESENTING WHAT ORGANIZATION: _____

ADDRESS: _____ PHONE NO: _____

LOCATION OF DISPLAY: _____

DATE OF DISPLAY: _____ TIME: _____ (P.M.) TO: _____ (P.M.)

ALTERNATE DATE OF DISPLAY: _____ TIME: _____ (P.M.) TO: _____ (P.M.)

TYPE AND NUMBER OF FIREWORKS TO BE DISCHARGED: _____

LOCATION OF AND MANNER OF STORAGE PRIOR TO DISPLAY: _____

PERSON (S) DISCHARGING DISPLAY (COMPANY): _____

NAME: _____

ADDRESS: _____ PHONE NO: _____

FEE: \$150.00 (make check payable to West County EMS & Fire Protection District)

APPLICANT'S SIGNATURE: * _____

*This signature of the applicant shall be deemed as evidence of his or hers willingness to assume full responsibility for any damage to any property that may result from the use of the items discharged in the display, and further, this signature shall indicate that the applicant shall be personally responsible for compliance to the regulations herein.

Fill out and attach site plan showing points of discharge, distance (in feet) to the nearest buildings, trees, overhead obstructions, roads and spectator points. The radius of the largest shell to be discharged shall be indicated on the site plan.

Fill in time and date when someone can be present at display grounds to meet an inspector.

DATE: _____ TIME: _____

<input type="checkbox"/> Site Diagram <input type="checkbox"/> MO DFS Fireworks Display Operator License <input type="checkbox"/> ATF License/Permit <input type="checkbox"/> Certificate of Liability Insurance (\$1,000,000 min) <input type="checkbox"/> Show Script (type & size of shells) <input type="checkbox"/> Fee
INSPECTED BY: _____ DATE: _____ APPROVED BY: _____ DATE: _____