

FIREWORKS DISPLAY APPLICATION

Code of Ordinances Section 13-55

Note: This application must be submitted a minimum of 30 days prior to the event.

Applicant's Name _____

Applicant's Address _____

Applicant's Phone # _____

Applicant's E-mail Address _____

Business/Sponsor/Organization _____

Business/Sponsor/Org Address _____

Business/Sponsor/Org Phone # _____

On Site Contact Person and Cell Phone # _____

Location of Display _____

Date of Display _____ Time of Display _____

Alternate/Inclement Weather Date _____

Type and size of Fireworks to be Discharged _____

Name of Person Discharging Fireworks _____

Anticipated need for police, fire or other municipal services _____

Where will fireworks be stored prior to display? _____

Applicant's Signature _____ Date _____

In order to provide notification to the community, it is the Applicant's responsibility to inform the primary media sources in Manhattan about the event.

Required Attachments

- **Please attach a diagram of the display area.**
- **A copy of your Kansas Shooters License must be attached.**
- **Certificate of Insurance (minimum of \$1,000,000 Commercial General Liability and \$2,000,000 Aggregate –must be submitted no less than 3 business days prior to the date of display)**

Fire Chief/Designee Approval _____ Date _____

Comments _____

Approval from the Fire Department is required prior to this application being forwarded to the City Commission

FOR OFFICE USE ONLY

Date of Application _____

Shooters License Attached
(expiration date of license) _____

Date to City Commission _____

Approved Disapproved

Date License Issued _____

Date Faxed to RCPD _____

Fee (Section 13-55)
\$250.00 _____

License Number _____

Receipt Number _____

Check # _____ Cash Credit Card

Date Certificate of Commercial General Liability Submitted _____

Insurance Carrier _____

*** (\$1,000,000 Commercial General Liability and \$2,000,000 Aggregate written by an insurance carrier licensed to do business in Kansas) ***

Human Resources Approval _____ Date _____

Comments _____



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs, and activities. In order for us to provide a suitable accommodation, we ask that you request what assistance is desired by contacting the **Customer Service Office, 1101 Poyntz Avenue, or call 587-2480** or the TDD Kansas Relay Center at 1-800-766-3777. We are here to assist you in the registration/application process as well.

Revised 2011