



Permit #: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Fee: \$ \_\_\_\_\_

**CITY OF NEW HAMPTON, IOWA  
 FIREWORKS DISPLAY PERMIT APPLICATION AND APPROVAL**

**Applicant Information:**

Name of Applicant:
Mailing Address:
Telephone Number:
Email Address:

**Fireworks Company:**

Name of Company:	
Contact Person:	
Address:	
Telephone Number:	Email:

**Fireworks Display Information:**

Date of Display:	Rain or Make-up Date:
Time of Display Ignited:	Time of Display to End:
Fireworks Location:	
Name of Display Igniter:	Date of Birth:
Telephone Number:	Email:
Display is: <input type="checkbox"/> Public <input type="checkbox"/> Private	Do You Have Insurance to Cover Accidents: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Insurance Carrier:	
Address of Insurance Carrier:	

**Statement of Understanding (Initial by each item in acknowledgement)**

<p>_____ 1.) I am submitting this application at least 30 days in advance of shooting the fireworks.</p> <p>_____ 2.) I am 18 years of age or older.</p> <p>_____ 3.) I will not ignite fireworks prior to the time listed above nor after the time listed above.</p> <p>_____ 4.) I shall not be intoxicated or under the influence of a drug, narcotic, or alcohol.</p> <p>_____ 5.) I shall not discharge consumer fireworks in a reckless manner or manner likely to cause death, injury, fire, or property damage.</p> <p>_____ 6.) I shall not alter, remove, or discharge components of consumer fireworks other than in its intended method of discharging.</p> <p>_____ 7.) I shall take adequate safety precautions to ensure that persons not actively involved in conducting the display remain a safe distance from the firing area and any areas containing set pieces.</p>
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\_\_\_\_\_ 8.) I will be totally responsible for cleanup of the fireworks display site at the conclusion of the display, and by no later than noon the following day.

\_\_\_\_\_ 9.) I shall contact the New Hampton Fire Chief at (641)-330-0249, a minimum of two hours prior to the igniting to allow Fire Department personnel time to conduct an on-site inspection, if desired.

\_\_\_\_\_ 10.) I am providing proof of liability insurance in the minimum amounts of:

- a.) Personal Injury - \$250,000 per person;
- b.) Property Damage - \$50,000; and
- c.) Total Exposure - \$1,000,000

**Certification of the Applicant and/or Owner:**

I affirm that all statements contained in the application and attachments are true and correct and that I, the permit holder, will ignite fireworks in compliance with all Local, State and Federal Laws and as otherwise directed by the City Council. I understand that failure to comply with regulations may result in revocation of the permit and/or issuance of a city complaint.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Owner Signature, if not the applicant

\_\_\_\_\_  
Name of Applicant (type or print)

\_\_\_\_\_  
Name of Property Owner (type or print)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Approval of the City:**

Based on the information provided in this application, and attested to, by the applicant, I have reviewed the request and hereby approve of this application and permit for fireworks display on behalf of the City of New Hampton, Iowa.

\_\_\_\_\_  
Signature of Fire Chief

Date: \_\_\_\_\_