REQUEST FOR FIREWORKS DISPLAY PERMIT

Date of request:
Submit completed request form and payment of \$105.00 to Clerk-Treasurer's Office a minimum of 30 da
prior to event date, along with proof of insurance as shown in requirement #2 below; and evider
required in #6 and #7 below.
City of Janesville
Attn: City Clerk
18 N. Jackson St.
Janesville WI 53548
Dear City Clerk:
(name of company or group) officially requests a fireworks disp permit to be issued for (date of event). This display is to be fired fro (location-map required). A complete list of the fireworks be
<u>used in the display must be provided to the City of Janesville along with this request.</u> The necessary F Department inspection will be procured. (company or group must contact the Fire Department for sinspection)
In requesting this permit, (name of company or group) agrees the following city ordinance requirements:
 Fully indemnify and hold harmless the City of Janesville from any and all liability of whatever ki and nature arising from the purchasing, transporting, handling, storage, use, display and dischar of fireworks and other devices.
2.) Provide proof of insurance in the amount of \$1,000,000 for all personal injuries or property dama liabilities. (Certificate provided with this request). The City of Janesville is co-insured.
3.) Fully indemnify and hold harmless the City of Janesville from any and all loss or injury of whater kind arising from the revocation of this permit.
4.) Permit the City of Janesville to confiscate any and all fireworks and other devices in the manner a for the reasons set forth in Chapter 8.40.
5.) Fully indemnify and hold harmless the City of Janesville from any and all loss or injury of whater kind or nature directly and indirectly arising from such confiscation.
6.) Provide evidence that all pyrotechnic operators shall be at least 21 years of age.
7.) Provide the City of Janesville evidence that all pyrotechnic operators have actual experience as operator or assistant as part of demonstrating competency to the Janesville Fire Chief or his or hesignee.
Signature: Printed Name:
Title:

(relationship to company or group)