



APPLICATION FOR FIREWORKS DISPLAY PERMIT
(REF. CITY CODE, CHAPTER 7, ARTICLE 2)

120 S. Kansas Avenue
P.O. Box 356
Haven, KS 67543
T: 620.465.3618
F: 620.465.3617
cityclerk@havencityhall.org

****APPLICATION FOR FIREWORKS DISPLAY PERMIT SHALL BE MADE AT LEAST 30 DAYS IN ADVANCE OF THE DESIRED DISPLAY.****

TODAY'S DATE: ____/____/____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S CONTACT NUMBER: _____ APPLICANT'S EMAIL: _____

GROUP FOR WHICH DISPLAY IS PLANNED: _____

PROPOSED LOCATION OF DISPLAY (Attach site layout if possible.):

DATE OF DISPLAY: ____/____/____ TIME OF DISPLAY: ____:____ AM OR PM TO ____:____ AM OR PM

NATURE OR KIND OF FIREWORKS TO BE USED: _____

NAME OF PERSON, FIRM OR CORPORATION THAT WILL MAKE THE ACTUAL DISCHARGE OF THE FIREWORKS:

ANTICIPATED NEEDS FOR POLICE, FIRE OR OTHER MUNICIPAL SERVICES:

ATTACH CERTIFICATE OF PUBLIC LIABILITY INSURANCE FOR THE DISPLAY IN A MINIMUM AMOUNT OF \$100,000 WRITTEN BY AN INSURANCE CARRIER LICENSED TO DO BUSINESS IN KANSAS, CONDITION AS BEING NON-CANCELLABLE EXCEPT BY GIVING TEN DAYS ADVANCE WRITTEN NOTICE TO THE CITY CLERK.

APPLICANT SIGNATURE: _____ DATE: ____/____/____

APPLICANT PRINTED NAME: _____

TURN IN COMPLETED APPLICATION WITH ATTACHED INSURANCE CERTIFICATE TO CITY CLERK AT HAVEN CITY HALL.

OFFICE USE

DATE RECEIVED IN OFFICE: ____/____/____ BY: _____

CERTIFICATE OF INSURANCE WITH PROPER LIMITS ATTACHED: YES NO

APPROVED DENIED BY CITY COUNCIL AT MEETING ON ____/____/____