



*Fireworks Display Permit Application*

---

Organization: \_\_\_\_\_

Event Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Area where fireworks are to be displayed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and time of display: \_\_\_\_\_

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

\_\_\_\_\_  
Date

---

---

Permission of Property Owner: \_\_\_\_\_

Proof of General Liability Insurance received: \_\_\_\_\_

Approval of the Chief of the Montrose Fire District: \_\_\_\_\_

Approval of the Montrose City Council: \_\_\_\_\_

\$50.00 Fee Collected: \_\_\_\_\_

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Date