## **Fireworks Event Permit Application**

 A Fireworks Shooter Permit Application, completed by the Pyrotechnics company, is also required.

## Submit Application to:

Madison Fire Department 314 W Dayton St Madison, WI 53703



## Make checks payable to: City of Madison Treasurer. Permit fee is \$250.00 and is non-refundable.

For questions, or to contact a fire inspector, call Madison Fire at (608) 266-4420 for assistance with completing this application.

Complete sections A - D. It is mandatory that all applicable information be completed. See page 2 for additional submittal requirements. Inaccurate information may result in suspension or revocation of permit.

SECTION A: Event Site Information						
Site Name (if applicable):						
Street Address:						
City, State, ZIP:						
Owner's name:						
SECTION B: Applicant/Permit Holder Information						
Organization Legal Name:						
Trade Name (Doing Business As):						
Mailing Address:						
City, State, ZIP:						
Local Contact Person:						
Local Contact Phone:Local Contact E-mail:						
SECTION C: Pyrotechnic Company Information						
Contact person:						
Street Address:						
City, State, ZIP:						
Contact Phone:Contact E-mail:						
SECTION D: Attestation and Signature						
By signing this application you acknowledge and agree to comply with Madison General Ordinance 34, Wisconsin Administrative						
Codes and the International Fire Code.    The statements made in this application are true to the best of my knowledge.						
SignatureDate						

I	Date(s): Rain date (if needed):	te (if needed): Time of Event:			
	Event Site Information				
•	Is the event being held on City property of any type (includes parks, streets a	nd etc.)? Yes	No		
•	Is the event behind held on or near water (includes lakes, streams and etc.)? If <b>YES,</b> the event requires an approved clean-up plan by City Engineering. If <b>BOTH</b> answers are <b>NO,</b> the required clean-up plan shall be reviewed and		No D.		
•	Attached notification completed for Mayor's Office and Common Council Offi		No		
	General Requirements found in MGO 34.5608, IFC 5608 and NFPA	160 , 1123, 1126			
v	n application by a person, group, organization or other entity sponsoring, organ vent shall be submitted at least <b>sixty (60) days</b> in advance of the date set for the nd shall contain the following:				
	A general summary of the proposed fireworks event and public display.				
•	A separate application, fee, and license shall be required for each event. Exception: multiple identical shows at a single venue only require one permit application.				
•	Written permission from the property owner, approved Street Use permit, or explanation why neither are necessary.				
•	A security plan for the security of the fireworks from delivery on site, to removal after the event. Contact information for parties responsible for said security must be included.				
•	A preliminary clean-up plan, as set forth in MGO 34.5608(5)(c)4.				
•	Certificate of Insurance naming the City of Madison as an additional insured. The certificate must indemnify the City. The minimum amount shall be \$1,000,000.				
•	Public Safety . The permittee shall be responsible for immediately cancelling or terminating any public dis- play as part of a permitted fireworks event in the interests of public safety should such a cancellation or termination be necessary .				
•	Special Conditions . The Chief may impose special conditions on a permit as deemed appropriate under the circumstances of the planned fireworks event.				
•	If the permittee uses or displays fireworks contrary to the permit conditions, the permit shall be revoked and the permittee may not apply for a new permit for a minimum of 15 months.				
	Compliance with all applicable codes and standards are the responsibility of the permit holder.				

Record	ID:	_

NOTIFICATION OF FIREWORKS (PYROTECHNIC) DISPLAY						
Fax this completed form to:						
Office of the Mayor City County Building 210 Martin Luther King Jr. Blvd., Room 403 Madison, WI 53703 Fax number (608) 267-8671						
Alderperson(s): Common Council Office City-County Building 210 Martin Luther King Jr. Blvd., Room 417 Madison, WI 53703 Fax Number (608) 267-8669 <u>council@cityofmadison.com</u>						
	Pain Data (if any):					
DATE OF FIREWORKS DISPLAY: Time of Fireworks Display:		(Minutes)				
EVENT NAME:	Cell Phone:					
Bronarty Owner:						
PYROTECHNIC COMPANY NAME:						
Contact Person:						
Email address:						
Transmission of this form to the Mayor and Alderperson(s), ar does not constitute approval of either the Event Permit, or granted only upon receipt and review of all required docume This form is required to be submitted in its entirety to be Alderperson's within two (2) miles of the fireworks display. before the event is cause for the permit to not be issued, or r	the Shooter's Permit by the MF ntation. oth the Mayor's office, and the Failure to submit this form at lo	D. Approval shall be office of all affected				
If you have any questions or concerns regarding the approva at 608- 266-4420 or fireprevention@cityofmadison.com.		lison Fire Department				