



CLAYTON FIRE DEPARTMENT
APPLICATION FOR PYROTECHNIC DISPLAY

10 North Bemiston Avenue
Clayton, Missouri 63105
314.290.8485-office
314.721.9567-fax

DATE: _____

PERMIT NO. _____

FEE: _____

APPLICANT'S NAME: _____

PHONE NO: _____

REPRESENTING WHAT ORGANIZATION: _____

ADDRESS: _____

PHONE NO: _____

LOCATION OF DISPLAY: _____

DATE OF DISPLAY: _____

TIME: _____ (P.M.)

TO: _____ (P.M.)

ALTERNATE DATE OF DISPLAY: _____

TIME: _____ (P.M.)

TO: _____ (P.M.)

TYPE AND NUMBER OF FIREWORKS TO BE DISCHARGED:

LOCATION OF AND MANNER OF STORAGE PRIOR TO DISPLAY:

CLAYTON FIRE DEPARTMENT
APPLICATION FOR PYROTECHNIC DISPLAY

PERSON(S) DISCHARGING DISPLAY

(COMPANY): _____

NAME: _____

ADDRESS: _____

PHONE NO: _____

SIGNATURE _____

APPLICANT'S SIGNATURE: *

*This signature of the applicant shall be deemed as evidence of his or hers willingness to assume full responsibility for any damage to any property that may result from the use of the items discharged in the display, and further, this signature shall indicate that tile applicant shall be personally responsible for compliance to the regulations herein.

Fill out and attach plot plan showing points of discharge, distance (in feet) to the nearest buildings, trees, overhead obstructions, roads and spectator points.

Fill in time and date when someone can be present at display grounds to meet an inspector.

DATE: _____ **TIME:** _____

INSPECTED BY: _____

DATE: _____

APPROVED BY: _____

DATE: _____