



Cottleville Fire Protection District

PYROTECHNIC SPECIAL EFFECTS PERMIT APPLICATION

\$100 Permit Fee

Please Print Clearly

Display Location:

Address: _____

City: _____ Zip Code: _____

Date(s) of display: _____

Pyrotechnic Company: _____

Address: _____

City: _____ Zip Code: _____

Operator in charge of display: _____

His/her State of Missouri Shooter's License #: _____

Applicant Name: _____

Applicant Email: _____

Applicant Phone #: _____

By signing below, the applicant is affirming that he/she is the fireworks company owner, or an authorized agent for the owner.

Applicant Signature: _____

Has a copy of the required \$1,000,000 insurance policy been provided? Y _____ N _____

Has a copy of the site plan been provided? Y _____ N _____

Please email permit application to: fm@cottlevillefpd.org