

## CITY OF MARION PUBLIC AMUSEMENT – FIREWORKS APPLICATION

(This application shall be submitted as required by Chapter 41 and Chapter 131 of the Marion Municipal Code.)

Please complete all sections of this application. An incomplete application will be returned to applicant.

PL	Marion City Hall 1225 6 <sup>th</sup> Avenue, Suite 170 Marion, IA 52302 Phone: 319-743-6350	OFFICE USE ONLY: License #: Fee Submitted: Date Submitted: CC: Police Department, Fire	Receipt #:			
	NEW APPLICATION RENEWAL	L APPLICATION				
1.	APPLICANT INFORMATION					
	Name of Applicant/Event Coordinator:					
	Driver's License #: Social Security #:					
	Mailing Address:					
	Daytime Phone #: Evening Phone #:					
2.	BUSINESS INFORMATION					
	Business Name:					
	Business Address:					
	Business Phone #:					
	If corporation or other association, list name, title, SS#, and addresses of all officers and directors (attach additional sheets if necessary):					
	NAME TITLE	SS#	ADDRESS			
	Federal Tax ID #:	State Sale	State Sales Tax ID #:			
3.	EVENT/LOCATION INFORMATION					
	Dates/Times of Firework Display (License Fee: \$15 per day):					
	Location of Fireworks Display:					
	Owner of Property:					
	Mailing Address:					
	Daytime Phone #:		Evening Phone #:			
4.	PYROTECHNIC OPERATOR INFORMAT	ΓΙΟΝ				
	Pyrotechnic Operator:					
	Business Name:					
	Daytime Phone #:	Evening 1	Phone #:			

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5. Shooters Certified or similar documen	nt establishing a competent o	perator attached: _	YES NO
6. Insurance Certificate attached (Requir	YES NO		
7. List of mortars and their size attached	YES NO		
8. A site diagram attached:		_	YES NO
9. A Special Event/Hold Harmless Agree Hold Harmless Agreement is obtained approves this application, the hold har	I from City Manager's Offic	e at City Hall. After t	the Fire Department
noise ordinance.			
THIS LICENSE IS NON-TRANSFERABLE AND OF ANY KIND.	DOES NOT CONSTITUTE PRO	PERTY OR PROPERTY	RIGHTS OR INTERESTS
THIS LICENSE IS SUBJECT TO REVOCATION IN THE EXERCISE OF THE CHIEF'S SOLE DIS PUBLIC.			
APPLICANT HAS READ AND IS FAMILIAR W AMUSEMENTS AND IN PARTICULAR CHAPT WITH SUCH ORDINANCE.			
THE APPLICANT HAS PERSONAL KNOWLED TRUE AND CORRECT:	GE OF THE INFORMATION CO	ONTAINED IN THIS API	PLICATION AND IT IS
Signature			Date
			Bute
		TC	
	NSPECTIONS/APPROVA	LS	
			Denied:
Building Official Signature	Date		Denied:
Building Official Signature  COMMENTS:	Date	Approved:	
Building Official Signature	Date	Approved:* * * *	* *
Building Official Signature  COMMENTS:	Date	Approved:* * * *	
Building Official Signature  COMMENTS:  * * * * *	Date  * * *  Date	Approved:* * * * Approved:	* * Denied:
Building Official Signature  COMMENTS:  * * * * *  Fire Chief Signature  COMMENTS:	Date  * * *  Date	Approved:  * * *  Approved:	* * Denied:
Building Official Signature  COMMENTS:  * * * * *  Fire Chief Signature  COMMENTS:	Date  * * *  Date  ROVAL/BACKGROUND	Approved:  * * *  Approved:	* * Denied:
Building Official Signature  COMMENTS:  * * * * *  Fire Chief Signature  COMMENTS:	Date  * * *  Date	Approved:  * * *  Approved:	* * Denied:
Building Official Signature  COMMENTS:  * * * * *  Fire Chief Signature  COMMENTS:  APPR  Police Chief Signature	Date  * * *  Date  ROVAL/BACKGROUND ( Date	Approved:  * * *  Approved:  CHECK  Approved:	* * Denied:
Building Official Signature  COMMENTS:  * * * * *  Fire Chief Signature  COMMENTS:  APPR	Date  * * *  Date  ROVAL/BACKGROUND ( Date	Approved:  * * *  Approved:  CHECK  Approved:	* * Denied:
Building Official Signature  COMMENTS:  * * * * *  Fire Chief Signature  COMMENTS:  APPR  Police Chief Signature	Date  * * *  Date  NOVAL/BACKGROUND  Date	* * * Approved:  CHECK  Approved:	* * Denied:
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