

City of Garnavillo

104 N Main St | PO Box 14
Garnavillo, Iowa 52049
P: 563-964-2331
F: 563-964-9257

Fireworks Permit Application

Permit # _____

DATE: _____

Name of Event: _____

Date & Time of Event: _____ Rain Date & Time: _____

Applicant Name: _____ Phone Number: _____

E-mail Address: _____

Organization Name: _____

Address: _____

Contact for Day of Display: _____ Phone Number: _____

Exact location of shoot/display: _____

Diagram of display attached

Size of shells and/or type of display: _____

Effects list or schedule attached.

Name of Display Operator/Responsible Shooter: _____

This person is to be present on the day of the event.

Phone Number: _____

Resume showing pyrotechnic certification/qualifications attached.

Name of Insurance Company: _____

See below for detailed information about insurance requirements.

Applicant Signature: _____ Date: _____

Display Operator Signature: _____ Date: _____

City of Garnavillo Requirements:

- Personal Injury: \$250,000 per person
- Property Damage: \$50,000
- Total Exposure: \$1,000,000
- Applicant and/or Sponsor must be named as certificate holder(s).
- The City of Garnavillo, its officers and employees must be named as additional insured.
- A copy of the current insurance certificate must be filed with the City Clerk.

Submit your completed permit application to: garnavillo@gmail.com

City of Garnavillo
104 N Main Street
PO Box 14
Garnavillo, Iowa 52049

