



Fireworks Permit Application

1. Applicants Name: _____

2. Applicants Address: _____

3. Date Fireworks to be Used: _____

4. Location of Fireworks display: _____

5. Company setting off fireworks (include company address) _____

6. This request for a fireworks permit is made by a:

a. Municipality

b. Fair Association

c. Other organization or group of Individuals: _____

The applicant for this firework permit hereby certified that the fireworks to be exploded under this permit will be used by a competent operator as required by Iowa law. The applicant further expressly released and agrees to hold harmless and indemnify the City of Sheffield, Iowa, the Sheffield Mayor and City Council and all those associated with the granting of the permit requested herein, from any and all damages and/or injuries which may occur as a result of the use of fireworks exploded under this permit: either to the operator or to other individuals as property as well as their heirs, assigns, executors, administrator, and beneficiaries.

The applicant further agrees to provide proof of liability insurance, in amounts required by the Code of Ordinances for the City of Sheffield to the City Clerk before the permit, if approved is issued.

Applicant Signature: _____ Date: _____

For Office Use Only:

The Sheffield City Council (approved)(denied) the permit on _____.

Sheffield Mayor Signature: _____.

Copy of Insurance Obtained: Y or N

Mayor: Scott Sanders
Council: Brad Mulford, James Robbins, Dave Smit, Nick Wilson, Jill Peterson

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