



**City of Monroe Fire Department  
Fire Marshal Office  
117 N. Church Street, Monroe, NC 28112  
Telephone: 704-282-4706/Fax: 704-282-4777**

**APPLICATION FOR FIRE SPECIAL USE PERMIT  
FIREWORKS FOR PUBLIC DISPLAY**

Date: \_\_\_\_\_

Business Name of Applicant: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different)

Area Code & Telephone Number (s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Date(s) Requested for Permit: \_\_\_\_\_

Address of Display Site: \_\_\_\_\_

Types of Display (ground, aerial, etc.): \_\_\_\_\_

Internal Diameter of Largest Mortar: \_\_\_\_\_ Total Number of Mortar Rounds: \_\_\_\_\_

Approximate Start Time of Display: \_\_\_\_\_ Approximate End Time of Display: \_\_\_\_\_

Name of Fireworks Operator: \_\_\_\_\_

Number of Assistants: \_\_\_\_\_ Number of Monitors: \_\_\_\_\_

Event Sponsor/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different)

Area Code and Telephone Number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

***The submittal of this application acknowledges the understanding of the terms on the reverse side of this application.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing and submitting this document, I agree that all signatures where required may be Electronically Signed by either party, pursuant to NCGS 66-315(b).*