



**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).