

FIREWORKS USER PERMIT

PERMIT TO USE FIREWORKS,
AS RESTRICTED IN CHAPTER 8.20 OF
THE MUNICIPAL CODE IN THE
CITY OF BROOKFIELD

FEE: \$100.00

Name of Business: _____

Business Address: _____

Business Phone#: _____

Name of event or occasion: _____

Time of event: _____

Date(s) on and after which fireworks may be used: _____

Rain date (s): _____

Kinds and quantity of fireworks which may be used: _____

Date and location of permitted use: _____

Person(s) who will be igniting the fireworks: _____

****ATTACH****

Copy of indemnity bonds or liability insurance

PERSON IN CHARGE OF EVENT:

SIGN: _____

DATE: _____

PRINT: _____

TITLE: _____

CERTIFICATE OF INSURANCE

PROJECT:

This is to certify that the policies listed below have been issued to the insured named below by the Company(s) indicated below and are in force at this date. The insurance coverages listed will not be canceled, materially changed or renewal refused until at least thirty (30) days written notice has been given to the OWNER.

The holder of this certificate is a party of the Certificate of Insurance pursuant to Article 5 of the General Conditions to the Contract or Section IV of the Professional Services Agreement.

COMPANIES AFFORDING COVERAGES

COMPANY A LETTER	COMPANY C LETTER
AGENCY NAME:	AGENCY NAME:
ADDRESS:	ADDRESS:
SIGNATURE:	SIGNATURE:
DATE: AUTHORIZED REPRESENTATIVE	DATE: AUTHORIZED REPRESENTATIVE

COMPANY B LETTER	COMPANY D LETTER
AGENCY NAME:	AGENCY NAME:
ADDRESS:	ADDRESS:
SIGNATURE:	SIGNATURE:
DATE: AUTHORIZED REPRESENTATIVE	DATE: AUTHORIZED REPRESENTATIVE

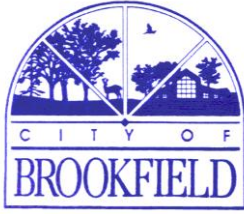
NAME AND ADDRESS OF INSURED:	NAME(S) AND ADDRESS(ES) OF ADDITIONALLY INSURED:
NAME:	NAME: City of Brookfield
ADDRESS:	ADDRESS: 2000 North Calhoun Road Brookfield, WI 53005
	NAME:
	ADDRESS:
NAME AND ADDRESS OF CERTIFICATE HOLDER:	
NAME: City of Brookfield	NAME:
2000 North Calhoun Road	ADDRESS:
Brookfield, WI 53005	
	NAME:
	ADDRESS:

Company Letter	Type of Insurance	Policy Number	Policy Expiration Date	Limits of Liability in Thousands (000)	
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY			Statutory Each Acc Disease – Policy Limit Disease – Each Employee	
	MOTOR VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>			CSL	
				Bodily Injury (Per Person)	
				Property	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CONTRACTUAL LIABILITY <input type="checkbox"/> COMPLETED OPERATIONS			General Aggregate	
				Prods-Comp/Ops Agg.	
				Pers. & Advg. Injury	
				Each Occurrence	
				Fire Damage (Any One Fire)	
				Medical Expense (Any One Person)	
				Contractual Liability	
				Completed Operations	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			Aggregate	Each Occurrence
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIALITIES

DATE ISSUED _____

AUTHORIZED SIGNATURE _____



Fire and Emergency Medical Services Department
Charlie Myers, Fire Chief
2100 N. Calhoun Road
Brookfield, WI 53005-5054
(262)-787-3580 Fax (262) 796-6687
myers@ci.brookfield.wi.us



City of Brookfield Fire Department Requests the Following Information to Evaluate Your Fireworks Permit Request

Please provide the Information to:

Glenn Carriveau, Senior Fire Inspector
2100 N. Calhoun Road
Brookfield, WI 53005-5054
(262)-796-6710 Fax (262) 796-6687

The name, address, and phone number of the person or company igniting the fireworks.

The date and time of day at which the outdoor fireworks display is going to be setup.

Copy operator license and the number of assistants who are to be present.

Size of the largest shell, approximate number and kinds of fireworks to be discharged.

The manner and place of storage of such fireworks prior to setup at the display site.

Site plan with the following information:

- Display site — identify significant ground features, public rights of way, significant buildings or structures, overhead obstructions, parking areas, and spectator viewing areas
- Location of fireworks storage areas
- Fallout area, including dimensions
- North arrow
- Likely wind direction
- Location of significant roadways, including access and control points
- Traffic plans indicating the flow of vehicles into and out of the site before and after the display
- Emergency vehicle access routes

All Fireworks Displays must comply with NFPA 1123 per State of Wisconsin SPS 314 and the NFPA 1, Fire Code