

Fireworks Public Display Permit

City of Huron, South Dakota

Return Completed Form To:

City of Huron
239 Wisconsin Ave SW
PO Box 1369
Huron, SD 57350
Phone: 605-353-8502
Fax: 605-353-8506

Form also available online:
www.huronsd.com

Application Date: _____
(Must be submitted a minimum of 45 days prior to event)

These items must be provided with application:

- | | |
|---|---|
| <input type="checkbox"/> Class B Explosive (Special Fireworks) | <input type="checkbox"/> Proof of Insurance |
| <input type="checkbox"/> Class C – Common Fireworks | <input type="checkbox"/> Map with Launch Zones & Safety Zones Indicated |
| <input type="checkbox"/> Certified Pyrotechnician(s) in charge of firing the display List Name(s) & Attach Copy of Certificate(s): | |

APPLICANT INFORMATION

Last Name				First		M.I.	
Street Address							
Mailing Address							
City			State		ZIP		
Home Phone				Work Phone			
Cell Phone							
Exact Location of Event							
Event Date				Event Time & Length			
Are there city streets that need to be closed due to safety concerns?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes please list the street(s) effected:	
Applicant Signature						Date	

CITY PERSONNEL USE ONLY

Mayor Signature:		Date approved by City Commission:	
Date:		Approved Request Provided To:	
Finance Officer Attest:		<input type="checkbox"/> Applicant	<input type="checkbox"/> Street Dept
Special Conditions:		<input type="checkbox"/> Police Dept	<input type="checkbox"/> Traffic Dept
		<input type="checkbox"/> Fire Dept	<input type="checkbox"/> Other
		Date:	Employee Int: