

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: