

# CLAYTON COUNTY APPLICATION FOR FIREWORKS DISPLAY PERMIT (727.2 & 331.304(9))

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date of Display: \_\_\_\_\_

Group Sponsoring Display: \_\_\_\_\_ Display Is:  Public  Private

Owner of Property and Address Where Display Will Be Held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Competent Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have insurance to cover accidents?  Yes  No

Name and address of insurance carrier \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## APPROVAL OF LOCAL FIRE CHIEF

I certify that I am the Fire Chief of the \_\_\_\_\_ Fire Department and approve of the location and fire prevention measures for this fireworks display.

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date

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## SIGNATURES

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Competent Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
President of Sponsoring Group/Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner of Property Where Display Is Held

\_\_\_\_\_  
Date

Approved:  Yes  No

\_\_\_\_\_  
Chair, Clayton County Board of Supervisors OR Clayton County Auditor

\_\_\_\_\_  
Date

CC: Clayton County Sheriff