

CITY OF LANSING
APPLICATION FOR LICENSE FOR PUBLIC DISPLAYS OF FIREWORKS,
PYROTECHNICS OR OTHER EXPLOSIVES

Applicant: Submit this application and the following additional items to the Lansing City Clerk's Office, 124 W. Michigan Avenue, 9th Floor, Lansing, Michigan 48933-1695; Phone (517) 483-4133. Application must be submitted to the City Clerk with supporting documentation at least fifteen (15) days in advance of the proposed date of the display.

1. Proof of insurance coverage for public liability of \$500,000 for injury to one person and \$1,000,000 for injury to two or more persons resulting from the same accident. The certificate of insurance or bond shall provide a minimum of \$500,000 property damage and the City shall be named as co-insurer on the certificate.
2. Proof that the applicant is eighteen years of age.
3. Copy of driver's license of individual in charge of firing the display.
4. Non-refundable fee in the amount of \$125.00.
5. Affidavit verifying the information contained in this application.

Applicant's Name: _____ Date of Birth: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Name of Individual in Charge of Firing the Display: _____

Address of Individual in Charge of Firing the Display: _____

Phone Number of Individual in Charge of Firing the Display: _____

Age of Individual in Charge of Firing the Display: _____

Driver's License No. of Individual in Charge of Firing the Display: _____

(Must provide a copy of this driver's license to the City Clerk's Office)

Experience of Individual in Charge of Firing the Display: _____

IN THE PAST 24 MONTHS, HAS ANYONE LISTED ABOVE RECEIVED A CITATION OF, BEEN CONVICTED OF, OR ENTERED A GUILTY PLEA TO VIOLATION(S) OF THE STATE

OF MICHIGAN FIREWORKS ACT (MCLA § 750.243a, et seq.), FEDERAL FIREWORKS LAWS AND REGULATIONS, OTHER STATES' FIREWORK LAWS, THE REGULATIONS OF CHAPTER 1615 OR ANY COURT ORDER RELATING TO THE SALE OR OFFER TO SELL OF WHOLESALE OR RETAIL FIREWORKS? yes OR no; IF YES, PROVIDE DETAILS:

Date & Time of Day at Which Display is to Be Held: _____

Exact Location of the Display: _____

Numbers and Kinds of Fireworks to be Discharged: _____

Manner and Place of Storage of Fireworks Prior to the Display: _____

(This section should be completed in the City Clerk's Office)

I swear that the statements made on this application are correct according to the best of my knowledge and belief. I further affirm that I am not currently in default of any financial obligation to the City of Lansing.

(Date Signed)

(Applicant's Signature)

(Signature of Witness to Applicant's Signature)

Attached to this Application is a full copy of the City of Lansing Fireworks Ordinance. Please review this to ensure that your application meets all criteria.

APPROVAL SECTION

(Signature: Fire Marshal's Office)

(Date Signed)

(Signature - Treasurer's Office)

(Date Signed)

(Signature - Police Department)

(Date Signed)

(Signature: City Attorney's Office)

(Date Signed)

(City Council Resolution No.)

(Date Approved by City Council)