

MITCHELL COUNTY IOWA
FIREWORKS PERMIT
(Application)

COMPLETE IN FULL – PRINT CLEARLY

1. LEGAL NAME:

Last

First

2. PHYSICAL ADDRESS:

City

State

Zip

3. MAILING ADDRESS:

City

State

Zip

4. REQUESTED DATE AND LOCATION:

TIME:

START: _____

ENDING: _____

No fireworks can be used after the ending time. Fireworks used or exploded after that time is a violation of Iowa Law. Ending time may be adjusted by the Supervisors when approving the permit.

5. CONTACT INFORMATION:

Home: ()

Mobile: ()

Email:

I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete. **Applicant acknowledges that homeowner's insurance will not cover damages caused by fireworks and that a separate policy is required to provide coverage.**

APPLICANT SIGNATURE: _____ DATE: _____

APPROVED: _____ DATE: _____