



# DICKINSON COUNTY Fireworks Application and Permit

Date: \_\_\_\_\_

Applicant printed name: \_\_\_\_\_

Location of Fireworks: \_\_\_\_\_

Applicant address: \_\_\_\_\_

**(If different than the location of fireworks display)**

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

I certify that I am at least 21 years of age and am the owner or renter of the aforementioned property and I agree to be responsible for any damages as a result of said activities.

Applicant signature: \_\_\_\_\_

**PLEASE INCLUDE RETURN FAX NUMBER WHEN APPLYING BY FAX**

Permission is hereby granted to the applicant to discharge fireworks at the described location on the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> of July, 2020, between the hours of 8:00 a.m. and 11:30 p.m.

This permit is issued upon the condition that the applicant shall comply with all provisions of Dickinson County Resolution No. 032416. This resolution can be found by visiting [www.dkcoks.org](http://www.dkcoks.org).

Applicant has the sole responsibility for supervision and control of the performance of this permit and discharging fireworks in a safe manner.

Applicant may be held liable for any damages to property or person(s) caused by the fireworks display.

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*Below to be completed by the County Clerk's office*

Permit No. \_\_\_\_\_ Time/Date of Issuance \_\_\_\_\_

**Questions – Contact  
Dickinson Co. Clerk's Office  
785-263-3774 – Office  
785-263-2045 – Fax  
fireworks@dkcoks.org**

*Barbara M Jones* by \_\_\_\_\_  
Title: County Clerk