



CITY OF FORT MORGAN
CITY CLERK
P.O. BOX 100
FORT MORGAN, CO 80701
970-542-3960; FAX: 970-542-3968

APPLICATION FOR PUBLIC EXHIBITION OR DISPLAY OF FIREWORKS
(Must be filed at least 20 days before the date of the display.)

Today's Date: _____

Sponsoring Association/Organization/Corporation: _____

Sponsor Address: _____

Sponsor Phone No.: _____

Individuals in Charge of Display:

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Date and time of Display: _____

Location of Display: _____

Persons Discharging the Fireworks:

- 1. Name: _____ Age: _____; Address: _____
_____; Experience: _____
2. Name: _____ Age: _____; Address: _____
_____; Experience: _____
3. Name: _____ Age: _____; Address: _____
_____; Experience: _____

Number & Kinds of Fireworks: _____

Manner and Place of Storage of Fireworks between Date of Purchase and Date of Display: _____

SPONSOR MUST:

- 1. Pay a fee of \$250.00 to The City of Fort Morgan for a Temporary Permit (which will be refunded if permit is not approved).
2. Pay a nonrefundable investigation fee of \$50.00 to The City of Fort Morgan.
3. Provide a map showing the grounds on which the display will be held, the point at which the fireworks are to be discharged, and the location of all buildings, streets, trees, telephone/telegraph lines or overhead obstructions within a distance of 50 yards of the point of discharge and the lines behind which the public will be restrained.
4. Provide a copy of Sponsor's Colorado State license to engage in public fireworks display. License Number: _____
5. Provide proof of insurance with minimum amounts of \$500,000 for injuries to any one person; \$1,000,000 for two or more persons injured; \$500,000 for property damage; and \$1,000,000 combined single limit.

(Signature of Applicant)

OFFICE USE ONLY

(Must be returned to City Clerk within 10 days of receipt)

Approved by Fort Morgan Fire Department Chief

DATE: _____

Comments: _____

Approved by City Manager

DATE: _____

TEMPORARY CITY SALES TAX LICENSE NO. _____

DATE ISSUED: _____ **BY:** _____

FOR INFORMATION ONLY – COPIES PROVIDED TO:

_____ **FORT MORGAN POLICE DEPT. ON:** _____

_____ **CITY PLANNING & ZONING DEPT. ON:** _____