



**CHICAGO FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION**



FIREWORKS PERMIT- REQUEST FORM

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

DATE OF REQUEST: _____

FIREWORKS DISPLAY INFORMATION:

Location : _____

Date: _____

Time: _____

Amount of Fireworks to Be Used Per Display: _____

TRANSPORTATION OF FIREWORKS:

Method: _____

Time That Fireworks Will Arrive at Chicago City Limits: _____

Route to Be Taken for Transport: _____

STORAGE:(If more than one day's use):

Location: _____

Method of Storage: _____

Type: _____

LICENSE OPERATOR(s): (please print)

Name(s) _____

Signature: _____
Company Officer / Responsible Party