



## DeKalb County Application for Pyrotechnic / Fireworks Display

Please print all information requested in the spaces provided. The Application must be filed at least fifteen (15) days in advance of the date of the display, include all required supporting documentation and the required \$25 license fee. Please return the **completed application to the DeKalb County Clerk's office located at 110 E. Sycamore St. – Sycamore, IL 60178. (815-895-7149)**

Type of permit requested:  Pyrotechnic Display  
 Consumer Fireworks (As defined in 425 ILCS 35/1-5)

SECTION 1 – GROUP / ORGANIZATION SEEKING PERMIT (Must consist of at least 3 adult persons)

Name of Lead Operator: \_\_\_\_\_

Lead Operator is currently licensed to perform the following displays:

Outdoor Professional  Proximate Audience  Flame Effect  Consumer Display

State License #: \_\_\_\_\_ (Copy of credentials + Driver's License/State ID must be included with Application.)

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Company Address: \_\_\_\_\_

Name of Operator Assistant: \_\_\_\_\_

Operator Assistant is currently licensed to perform the following displays:

Outdoor Professional  Proximate Audience  Flame Effect  Consumer Display

State License #: \_\_\_\_\_ (Copy of credentials + Driver's License/State ID must be included with Application.)

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Operator Assistant / Applicant 3: \_\_\_\_\_

Applicant 3 is currently licensed to perform the following displays:

\_\_\_\_ Outdoor Professional    \_\_\_\_ Proximate Audience    \_\_\_\_ Flame Effect    \_\_\_\_ Consumer Display    \_\_\_\_ Will not serve as operator

State License # (If operator): \_\_\_\_\_ (Copy of credentials + **Driver's License/State ID** must be included with Application.)

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

If additional space is needed, please attach additional document(s) and check here:

### SECTION 2 – DATE, TIME & LOCATION OF DISPLAY

Date of Display Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Address: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Rain-Out Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Rain-Out Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

*\*Please contact Community Development (815-895-7188) regarding a temporary use permit for the display location.*

Site Inspection Report and diagram of display area must be included with Application. Please attach and check here:

### SECTION 3 – VENDOR INFORMATION

Fireworks Supplier(s): \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Supplier license type:    \_\_\_\_ Outdoor Professional    \_\_\_\_ Proximate Audience    \_\_\_\_ Flame Effect    \_\_\_\_ Consumer Display

State License #: \_\_\_\_\_

SECTION 4 – DISPLAY / EVENT OPERATION

Display type: \_\_\_\_ Outdoor Professional \_\_\_\_ Proximate Audience \_\_\_\_ Flame Effect \_\_\_\_ Consumer Display \*(complete below)

\*Lead Operator of Consumer Display completed fireworks training in a class approved by the State Fire Marshal on

\_\_\_\_\_, conducted by\_\_\_\_\_. (N/A for Pyrotechnic Display)  
Date of Training Name of Fire Department

Name of Fire Department & Medical Services available on day of event: \_\_\_\_\_

SECTION 5 – INSURANCE & BOND

Consumer Display - Applicants are required to post a bond in a sum not less than \$1,000.00, which is conditioned on compliance with the state statutes, Chapter 34 of the DeKalb County Code and the regulation of the State Fire Marshal.

Bond Status: \_\_\_\_ Completed Below \_\_\_\_ Attached (N/A for Pyrotechnic Display)

<b>Personal Surety Bond</b> (For Consumer Display Only)		
I, _____, being of legal age, am held and bound to any/all involved parties for the Pyrotechnic / Fireworks Applicant		
event to be held on _____, 20____ in the amount of \$1,000.00, which is conditioned on compliance with the state statutes, Chapter 34 of the DeKalb County Code and the regulation of the State Fire Marshal.		
_____	_____	_____
Pyrotechnic / Fireworks Applicant Name – Print	Pyrotechnic / Fireworks Applicant Signature	Date
State of Illinois County of DeKalb		
I, _____, a Notary Public in and for the State of Illinois, County of DeKalb, do hereby certify that the person whose name is subscribed to the foregoing instrument, appeared before me this the _____ day of _____, in the year of _____, and that said person acknowledged that they have read and signed said instrument, and that each of the statements contained herein are true.		
(Notary Seal)	_____	
	Notary Public Signature	

Pyrotechnic Display - Applicants must show proof of liability insurance in a sum not less than \$1,000,000.00 for aggregate bodily injury and \$150,000.00 for property damage with an insurance company authorized to do business in Illinois.

Please attach proof of insurance and check here:

SECTION 6 – ACKNOWLEDGEMENT

The undersigned hereby state under penalty of perjury that all statements in the foregoing application are true and correct.

By signing below, the applicants agree to comply with the state statutes, regulations of the State Fire Marshal and Chapter 34 of the DeKalb County Code. Additionally, the undersigned acknowledge that the permit, if issued, is not transferable to another person or entity. DeKalb County, its agents, officers, employees and elected officials are not responsible for any injuries or losses sustained as a result of the display of the fireworks or pyrotechnics.

_____ <b>Lead Operator</b> (Signature)	_____ <b>Lead Operator</b> (Printed Name)	_____ <b>Date</b>
_____ <b>Operator Assistant</b> (Signature)	_____ <b>Operator Assistant</b> (Printed Name)	_____ <b>Date</b>
_____ <b>Applicant 3</b> (Signature)	_____ <b>Applicant 3</b> (Printed Name)	_____ <b>Date</b>

FOR OFFICE USE ONLY

\_\_\_ **APPROVED** License #: \_\_\_\_\_

\_\_\_ **DENIED** Reason for denial: \_\_\_\_\_