

FIREWORKS PERMIT APPLICATION
FOR THE TOWN OF AUGUSTA, MISSOURI

DATE FOR FIREWORKS: _____ PLACE: _____

PURPOSE: _____

RESPONSIBLE PARTY FOR HANDLING FIREWORKS: _____

QUALIFICATIONS: _____

For Office Use Only

Date Application is Presented _____ Date Approved _____

OFFICIAL PERMISSION TO DISCHARGE FIREWORKS
ON THE TOWN OF AUGUSTA'S OPEN PROPERTY

This is to certify that _____ (person) has permission

to shoot off fireworks on _____ (date: xx/xx/xxxx)

at _____.

Date Issued: _____

Town Board Member Signature: _____