



Mississippi Insurance Department
 Post Office Box 79
 Jackson, MS 39205

Office of the State Fire Marshal
 Phone (601) 359-1061
 Fax (601) 359-1076



Public Fireworks Display Permit Application

City: County: Date of Application:

1. Sponsoring Organization:
 Federal ID#: Phone: Fax:
 Representative:
 Address: City, State, Zip:
 Phone: Fax:

2. Fireworks Supplier:
 Address: City, State, Zip:
 Phone: Fax:

3. Display Operator:
 Address: City, State, Zip:
 Phone:
 Display Assistants:

4. Display Date: Display Time: Rain Date:
 Location: Date Receiving Fireworks:

5. Fire Department Present:
 Fire Chief:
 Address: City, State, Zip:
 Phone: Fax:

6. When Will Display Site Be Ready for Inspection: Date: Time:

7. The following documents must be attached:

- 1) Proof of insurance
- 2) Resume of pyrotechnic technician and their qualifications along with 3 references (last 3 shows)
- 3) Copy of ATF permits
- 4) List of shots to be used and their effects
- 5) Information on storage before event
- 6) Information on cleanup and/or disposal after event
- 7) Layout of event with shot locations
- 8) Material Safety Data Sheet

Permittee: _____ Date: _____