

## 2024 Permit for Fireworks Other than Consumer or Low Impact

Authority: 2011 PA 256	The <b>LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD</b> will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Legislative Body of City, Village or Township Board.
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*This permit is not transferable. Possession of this permit authorizes the herein named person to possess, transport and display fireworks in the amounts, for the purpose of and at the place listed below only through permit expiration date.*

TYPE OF PERMIT(S) (Select all applicable boxes) <input type="checkbox"/> Agricultural or Wildlife Fireworks <input type="checkbox"/> Articles Pyrotechnic <input type="checkbox"/> Display Fireworks <input type="checkbox"/> Public Display <input type="checkbox"/> Private Display <input type="checkbox"/> Special Effects Manufactured for Outdoor Pest Control or Agricultural Purposes	<b>FOR USE BY LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD ONLY.</b>  PERMIT(S) EXPIRATION DATE (ENTER DATE OF EXPIRATION)
NAME OF PERSON PERMIT ISSUED TO	AGE (18 YEARS OR OLDER) <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS OF PERSON PERMIT ISSUED TO	
NAME OF ORGANIZATION, GROUP, FIRM OR CORPORATION	
ADDRESS	
NUMBER AND TYPES OF FIREWORKS (Please attach additional pages if necessary)	
EXACT LOCATION OF DISPLAY OR USE	
CITY, VILLAGE, TOWNSHIP	DATE
BOND OR INSURANCE FILED <input type="checkbox"/> YES <input type="checkbox"/> NO	TIME  AMOUNT

Issued by action of the Legislative Body of the  <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of _____ on the _____ day of _____, 2024.  <hr style="border: 1px solid black;"/> <p style="text-align: center; font-size: small;">(Signature and Title of Legislative Body Representative)</p>
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**\*THIS FORM IS VALID UNTIL THE DATE OF EXPIRATION OF PERMIT\***