## Village of Middleville, 100 E Main St. Middleville MI 49333 Application for Consumer Fireworks Display

Any person, firm or organization, organizing a Display of Consumer Fireworks within the Village of Middleville must obtain a Consumer Fireworks Discharge Permit.

This application must be filed with the Village sixty (60) days prior to the scheduled date of the Consumer Fireworks Display. Any application received less than 60 days before the event may not be approved. For questions please call the Village Hall at 269-795-3385

Name of each individual responsible for the fireworks display:			
Address:			
Street	City	State/ZIP	
Contact Person:Name			
Name	Business Phone	Home Phone	
	owing location, address, and distance from		
What dates and time will the firew	orks display take place?		
	play occur?	_	
Please provide the following:			
Insurance Provider:			
2. Proof of Insurance and Bon	ding (minimum \$1 million policy)		
3. Proof of Consumer Firewor	3. Proof of Consumer Fireworks License from Bureau of Alcohol, Tobacco and Firearms		
4. Proof of Display Fireworks	icense from Bureau of Alcohol, Tobacco ar	nd Firearms	
and that I am authorized to apply individual. I acknowledge that the V that, as a result of those complaint	eve and attached information is true and action of the formation behalf for a Fireworks Display Permit on behalf fillage may receive complaints regarding the street (most notably complaints of property dangerevoke previously-granted permits or deny	of the above-named organization or e display of fireworks and understand nage, injury, or failure to comply with	
Signature	_	 Date	

## Village of Middleville, 100 E Main St. Middleville MI 49333 Application for Consumer Fireworks Display

## Helpful Links:

https://www.atf.gov/explosives/qa/are-%E2%80%9Cconsumer-fireworks%E2%80%9D-subject-regulation-under-federal-explosives-laws

https://www.atf.gov/explosives/qa/are-%E2%80%9C display-fireworks%E2%80%9D-considered-be-explosive-materials-subject-regulation-under

OFFICE USE ONLY				
	Application Complete:	Date Received:		
	Send Copy to:			
	Sgt. Stevens DPW	TTES		
	Sgt. Stevens' Comments:			
	DPW Comments:			
	TTES Comments:			
	Approved:	Council Meeting Date:		
	Denied: Reason:			