

**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

Person / Group responsible for fireworks display: \_\_\_\_\_

Complete Mailing Address for Person or Group: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Location of Discharge (attach site plan showing location, address, and distance from property lines): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of fireworks display: \_\_\_\_\_ Time Start: \_\_\_\_\_ am/pm Time End: \_\_\_\_\_ am/pm

Please provide the following:

- Insurance Provider:
- Proof of Insurance and Bonding (minimum \$1,000,000 policy)
- Proof of Consumer Fireworks License from Bureau of Alcohol, Tobacco and Firearms
- Proof of Display Fireworks License from Bureau of Alcohol, Tobacco and Firearms

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%9Cdisplay-fireworks%E2%80%9D-considered-be-explosive-materials-subject-regulation-under>

I do attest and affirm that the above and attached information is true and accurate to the best of my knowledge and that I am authorized to apply for a Fireworks Display Permit on behalf of the above-named organization or individual. I acknowledge that the Village may receive complaints regarding the display of fireworks and understand that, as a result of those complaints (most notably complaints of property damage, injury, or failure to comply with permit conditions), the Village may revoke previously granted permits or deny subsequent permit applications as a result of those complaints.

I do attest and affirm that the above and attached information is true and accurate to the best of my knowledge and that I am authorized to apply for an Event permit on behalf of the above-named organization.

I understand that the filing of this application does not ensure approval of an event. I also understand that all Event organizers and participants must comply with applicable Village ordinances, traffic rules, state health laws, fire codes, and liquor licensing regulations. I further understand that an incomplete application may be cause for the denial of this event.

The Host Organization and/or Event Organizer(s) agree to defend, indemnify, and hold harmless the Village of Middleville and the Village's employees, officers, Village council members, and volunteers harmless from any and all losses, damages, claims for damage, liability, lawsuits, judgement expenses, and costs arising from any injury or death to any person or damage to any property including all reasonable costs for investigation and defense thereof (including but not limited to attorney fees, cost and expert fees) arising out of or attributed to the issuance of the applicant's event permit regardless of where the injury, death or damage may occur, unless such injury, death or damage is caused by the sole negligence or willful misconduct of the Village.

The Host Organization and/or Event Organizer(s) agree to provide satisfactory evidence of, and shall maintain evidence of, and shall thereafter maintain during the specified event such insurance policies and coverages in the type, limits, forms, and rating required by the Village, naming the Village as an additional insured and copy provided upon event approval.

I agree to be responsible for the removal of all equipment, paraphernalia, waste, trash, and other personal property belonging to or resulting from the event.

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Signature

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Date

◆ **OFFICE USE ONLY** ◆

Date Received: \_\_\_\_\_ To be presented to Council on: \_\_\_\_\_  
Application Complete: \_\_\_\_\_

Application emailed as follows for input:	Comments:
VOM/DPW Department on _____	_____
BCCD-Middleville Unit on _____	_____
Thornapple Township EMS on _____	_____

\_\_\_\_\_ Approved \_\_\_\_\_ Denied (reason if denied) \_\_\_\_\_ by Council on \_\_\_\_\_