



**BOARD OF SUPERVISORS
Cerro Gordo County Courthouse**

220 N Washington Ave
Mason City, IA 50401-3254
(641) 421-3021 or Fax (641) 421-3088

Casey M. Callanan
Chris Watts
Tim Latham

APPLICATION FOR PERMIT TO DISPLAY FIREWORKS

CONTACT INFORMATION

Applicant Name: _____ Phone: _____
Applicant Address: _____ E-Mail: _____

DISPLAY INFORMATION

Location/Address of Display: _____
Property Owner Name: _____
Purpose of Display and Description of Event (attach brochure, invitation, advertisement, etc. if any): _____

Date of Display(s): _____ Rain Date(s): _____

SAFETY INFORMATION

Display Operator Name: _____ Years of Experience: _____
Type/Description of Experience: _____

Describe precautions that will be taken to prevent personal injury and/or property damage: _____

Will bleachers or platforms be used? Yes No Permanent Portable Not applicable
Does the applicant have liability insurance? Yes No Name of insurance company: _____
Does the operator have liability insurance? Yes No Name of insurance company: _____

(Minimum liability insurance: \$1 Million per occurrence/\$2,000,000 in aggregate)

**ATTACH CERTIFICATES OF INSURANCE FOR APPLICANT AND OPERATOR
(IF DIFFERENT FROM APPLICANT)**

**“CERRO GORDO COUNTY” SHALL BE INCLUDED
AS AN ADDITIONAL INSURED**

Municipal Regulations

The applicant understands that any display of fireworks within the city limits of any city within Cerro Gordo County may be prohibited by Ordinance or other regulation. The applicant agrees to contact the necessary city authority and comply with the required city regulations before conducting any fireworks display within the city limits of any city within Cerro Gordo County.

Hold Harmless Statement

The applicant agrees to indemnify and hold harmless the County of Cerro Gordo, Iowa, its agents, employees, or any other person against loss or expense, including attorney's fees, by reason of the liability imposed by law upon the County, except in cases of the County's sole negligence, for damage because of bodily injury, including death at any time resulting therefrom, sustained by any person or persons, or on account of damage to property arising out of or in consequence of this agreement, whether injuries to persons or damage to property are due or claim to be due to any passive negligence of the County, its employees or agents or any other person. It is further understood and agreed that the applicant shall at the option of the County, defend the County of Cerro Gordo, Iowa, with appropriate counsel and shall further bear all costs and expenses, including the expense of counsel, in the defense of any suit arising hereunder.

I, the applicant, say that the application is true and contains a correct description of the property activity.

Signature

Date

OFFICIAL USE ONLY

Zoning Administrator Recommendation

Approve Deny Date: _____

Board of Supervisors Action

On _____, the Cerro Gordo County Board of Supervisors in regular session considered the foregoing information and, in compliance with Section 727.2, Code of Iowa, a motion was made by Supervisor _____ and seconded by Supervisor _____ to Approve Deny this application.

Ayes:

Nays:

Absent/Not Voting:

- Approved
- Denied

Chairman, Board of Supervisors

