

WINFIELD-FOLEY FIRE PROTECTION DISTRICT



3931 E Hwy 47
Winfield, MO 63389
Office 636-566-8406
Fax 636-668-8123
Email sgraeler@wffpd.org



This entire application must be completed and submitted with the required documentation.

Check one: Display is: Osponsored 0Private

locationofdisplay: -----

Address: -----

City: _____ Co11nty: _____ Zip: -----

Fire Department/Authorily Htr.-ing Jurisdiction: WINFIELD-FOLEY FPD

Phone number for Fire Department/Authority Having Jurisdiction: 636-566-8./06

Date of display: ----- Alternate date: _____

Sponsor's Name: _____

Address: -----

City: _____ State: _____ Zip: _____

Phone number: _____ Allernate Plwne: _____

Application is being made by:

Name: -----

Address: -----

City: _____ Sta,e: _____ Zip: _____

Phone number: _____ Alternate P/wne: _____

Driver's license number and stale of issue: _____

Name ofoperator: _____ Mo. license#: _____

The display will be fired: Manually Electrically Combined

Name and ages of all operators and assistants who will be present at this display:

Name (print)

Name (print)

_____	_____
_____	_____
_____	_____

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List the diameter size (in inches) and number of shells to be fired: (Attach additional page as needed) _____

<i>Number of shells</i>	<i>Size</i>	<i>Type of shells</i>

I hereby certify that I have read and understand the fireworks laws and regulations for the state of Missouri. I further certify that I have examined this application and documents submitted in support thereof and to the best of my knowledge and belief; they are true, correct, and complete.

Signature: _____ Date: _____

RSMO 320.126.4 requires all fireworks displays "shall be supervised, managed or directed by a Missouri licensed operator or pyrotechnic operator on site."