



DICKINSON COUNTY Fireworks Application and Permit

Date: _____

Applicant printed name: _____

Location of Fireworks: _____

Applicant address: _____

(If different than the location of fireworks display)

Primary phone #: _____ Secondary phone #: _____

Fax #: _____

I certify that I am at least 21 years of age and am the owner or renter of the aforementioned property and I agree to be responsible for any damages as a result of said activities.

Applicant signature: _____

PLEASE INCLUDE RETURN FAX NUMBER WHEN APPLYING BY FAX

Permission is hereby granted to the applicant to discharge fireworks at the described location on the 1st, 2nd, 3rd, and 4th of July, 2024, between the hours of 8:00 a.m. and 11:30 p.m.

This permit is issued upon the condition that the applicant shall comply with all provisions of Dickinson County Resolution No. 032416. This resolution can be found by visiting www.dkcoks.org.

Applicant has the sole responsibility for supervision and control of the performance of this permit and discharging fireworks in a safe manner.

Applicant may be held liable for any damages to property or person(s) caused by the fireworks display.

Below to be completed by the County Clerk's office

Permit No. _____ Time/Date of Issuance _____

**Questions – Contact
Dickinson Co. Clerk's Office
785-263-3774 – Office
785-263-2045 – Fax
fireworks@dkcoks.org**

Jeanne Livingston by _____
Title: County Clerk