



# Carol Stream Fire Protection District FIRE PREVENTION BUREAU

365 Kuhn Road  
Carol Stream, IL 60188  
www.carolstreamfire.org

Robert M. Schultz  
Fire Chief

Phone: (630) 668-4836  
Fax: (630) 668-4877

## APPLICATION FOR PERMIT FOR SUPERVISED PUBLIC DISPLAY OF FIREWORKS

(Please print or type)

We hereby make application for a permit to conduct a public display of fireworks on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Said display to be held at \_\_\_\_\_

Address of site \_\_\_\_\_

Firm supplying fireworks \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Has liability insurance been obtained? YES \_\_\_ NO \_\_\_ Has a site inspection been performed? YES \_\_\_ NO \_\_\_  
(Provide copy of insurance certificate) (provide copy of site drawing including distances to nearest structures)

Name of company providing firing technicians (if different than above).

Company name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Firing Technicians	Signature	Illinois License Number	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supervising Technician	Signature	Illinois License Number	Date
_____	_____	_____	_____

Permit Applicants Name	Signature	Date
_____	_____	_____

COPIES OF ALL LICENSES MUST ACCOMPANY APPLICATION

**ALL ACCIDENTS MUST BE REPORTED TO THE OFFICE OF THE STATE FIRE MARSHALL WITHIN 36 HOURS OF OCCURANCE**



**Carol Stream Fire Protection District  
FIRE PREVENTION BUREAU**

365 Kuhn Road  
Carol Stream, IL 60188  
www.carolstreamfire.org

Robert M. Schultz  
Fire Chief

Phone: (630) 668-4836  
Fax: (630) 668-4877

**PERMIT**

Date of Issue: \_\_\_\_\_

Permit No. \_\_\_\_\_

LICENSEES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

are hereby granted permission to conduct a public fireworks display on the \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_(Time)

in \_\_\_\_\_, \_\_\_\_\_, Illinois.

(City)

(County)

\_\_\_\_\_ is found to be a competent individual and is hereby designated as the supervisor and is authorized to handle and supervise said public display of fireworks.

\_\_\_\_\_  
Approved By

***This Permit is non-transferable and must be in the possession of the display supervisor.***



**Carol Stream Fire Protection District  
FIRE PREVENTION BUREAU**

365 Kuhn Road  
Carol Stream, IL 60188  
www.carolstreamfire.org

Robert M. Schultz  
Fire Chief

Phone: (630) 668-4836  
Fax: (630) 668-4877

## FIREWORKS SITE INSPECTION REPORT

Location/Address: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Distance to nearest structure \_\_\_\_\_ feet.

Is distance to any fire hydrant or water supply greater than 600'? Yes \_\_\_ No \_\_\_

Is display area clear of all overhead obstructions? Yes \_\_\_ No \_\_\_

Have provisions been made to keep public out of display area? Yes \_\_\_ No \_\_\_

Is there any hospital, nursing home or other institution within 600'? Yes \_\_\_ No \_\_\_

Has provision been made for on site fire protection during display? Yes \_\_\_ No \_\_\_

This display site has been determined not to be hazardous to property or a danger to any person or persons. (Attach diagram of display site.)

\_\_\_\_\_  
Fire Inspector

\_\_\_\_\_  
Date