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Office of the City Clerk

FIREWORKS RISK CONTROL REVIEW APPLICATION
Fee: Cash or check for \$75.00 payable to the City of Mequon

PLEASE ENSURE THAT THIS APPLICATION IS COMPLETELY FILLED OUT. IT MUST BE SUBMITTED TO THE CLERK'S OFFICE ALONG WITH A DIAGRAM AND ALL PYROTECHNIC DOCUMENTS (IF APPLICABLE)

ENTITY NAME: _____

ADDRESS: _____

COUNTY: _____ CITY: _____ STATE: _____ ZIP _____

PHONE NO.: () - _____

APPLICATION DATE: _____ CONTACT PERSON: _____

CONTACT PERSON'S PHONE #: () - _____

IS THE ENTITY THE SPONSOR? Y _____ N _____ CO-SPONSOR? Y _____ N _____

DOES THE EVENT TAKE PLACE ON ENTITY-OWNED PROPERTY? Y _____ N _____

LOCATION OF EVENT (need area and/or address): _____

DATE OF FIREWORKS DISPLAY: _____ RAIN DATE: _____

START TIME OF FIREWORKS: _____ END TIME: _____

FULL SCHEDULE/DESCRIPTION OF ALL EVENTS TO BE COVERED (BROCHURE OR FLYER HELPFUL)

DESCRIBE SECURITY PROTECTION (INCLUDE POLICE, FIRE, AMBULANCE ON CALL AND WHERE)

Date Application Received:	Approved by:	License No.: FW-
	Approval Date:	Date Issued:

DESCRIBE EMERGENCY EVACUATION PROCEDURES (IN CASE OF MEDICAL EMERGENCY, FIRE, WEATHER, ETC.)

ESTIMATED TOTAL ATTENDANCE: _____

NUMBER OF YEARS THE EVENT HAS BEEN HELD: _____

HAVE THERE BEEN ANY LOSSES? IF YES, PLEASE EXPLAIN _____

WHO IS DETONATING FIREWORKS? _____

IF PROFESSIONAL PYROTECHNIC COMPANY – COMPLETE PART A.

IF FIRE DEPARTMENT OR VOLUNTEER – COMPLETE PART B.

EVERYONE MUST COMPLETE PART C

PART A – PROFESSIONAL PYROTECHNIC COMPANY

ARE YOU AN INDEPENDENT CONTRACTOR? Y _____ N _____

ARE YOU LICENSED? Y _____ N _____

HAS AN INSURANCE CERTIFICATE BEEN ATTACHED? Y _____ N _____

IF NOT, A CERTIFICATE MUST BE SUBMITTED BEFORE THIS APPLICATION CAN BE PROCESSED.*

IS THE ENTITY NAMED INSURED? Y _____ N _____

LIMIT OF LIABILITY: _____ COMPANY: _____

DEDUCTIBLE OR SELF-INSURED RETENTION AMOUNT: _____

****IF CONTRACTING OUT THE FIREWORKS: THE PYROTECHNIC INSURANCE CERTIFICATE IS REQUIRED. THE PYROTECHNIC SHOULD HAVE AT LEAST \$5,000,000 IN LIABILITY COVERAGE AND THE MUNICIPALITY SHOULD BE NAMED AS ADDITIONAL INSURED. THE CONTRACTOR IS RESPONSIBLE FOR THE CLEAN UP OF UNFIRED SHELLS AFTER THE EVENT HAS ENDED. IF THERE ARE ANY UNEXPLODED SHELLS KNOWN THE AREA MUST BE SECURED UNTIL THE UNEXPLODED SHELLS HAVE BEEN FOUND AND PROPERLY DISCARDED.***

PART B – FIRE DEPARTMENT OR VOLUNTEER INFORMATION

IF NOT LICENSED, DO YOU HAVE ANY CERTIFIED TRAINING? Y _____ N _____

IF CERTIFIED, WHEN & WHERE TRAINED? _____

(PLEASE PROVIDE COPY OF CERTIFICATION/TRAINING CARD)

NUMBER OF YEARS EXPERIENCE: _____

PART C – FIREWORKS DISPLAY INFORMATION

SHELL SIZES: _____ NUMBER BEING DETONATED: _____

ARE FIREWORKS BEING DISPLAYED OVER WATER? Y _____ N _____

IF YES, WHERE? _____

HAS THE N.F.P.A. CODE 1123 BEEN COMPLIED WITH? Y _____ N _____

WHAT IS THE CLOSEST DISTANCE (IN FEET) BETWEEN THE SPECTATORS AND THE SHOOTING AREA? _____

PLEASE COMPLETE AND ATTACH A DIAGRAM SHOWING SHOOTING AREA, SPECTATOR AREA, CROWD CONTROL FEATURES, AND IMPACT AREA. THIS SHOULD INCLUDE ALL DISTANCES (IN FEET), STRUCTURES IN THE AREA, DIRECTION THE SHELLS ARE SHOT, ETC. A RISK CONTROL REVIEW CANNOT BE PERFORMED WITHOUT A DIAGRAM.