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Office of the City Clerk

**FIREWORKS RISK CONTROL REVIEW APPLICATION**

**New Fee: Cash or check for \$100.00 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.)

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ESTIMATED TOTAL ATTENDANCE: \_\_\_\_\_

NUMBER OF YEARS THE EVENT HAS BEEN HELD: \_\_\_\_\_

HAVE THERE BEEN ANY LOSSES? IF YES, PLEASE EXPLAIN \_\_\_\_\_

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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.**