



## PUBLIC DISPLAY OF FIREWORKS APPLICATION

*Application due to the Fire Chief  
four (4) weeks prior to event deadline.*

Name of Applicant: \_\_\_\_\_ Organization: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Location where display is to be held:

\_\_\_\_\_

Date of Display: \_\_\_\_\_ Hours of Display: \_\_\_\_\_

Local Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMPORTANT:** The applicant must file with the City of Derby a certificate evidencing public liability insurance in force with coverage of not less than \$1,000,000 for each occurrence and a \$2,000,000 aggregate naming the City of Derby as an additional insured. The certificate must also provide proof of workers compensation and automobile insurance with a \$1,000,000 limit. No permit will be released until insurance has been posted and the event, if found in progress, will be terminated by the City until the insurance is filed. All applicants are required to present a copy of a valid pyrotechnic operator certificate issued by the State of Kansas Fire Marshal's Office and a diagram of the event location noting the discharge point, buildings, streets, overhead power lines, and public viewing area.

The following must be submitted with this application via email, fax or hard copy to:

Derby, Fire Chief at 611 N. Mulberry, Derby KS 67037 or  
[FireChief@derbyweb.com](mailto:FireChief@derbyweb.com) - phone 316-788-4435 fax 316-788-6067

- Certificate of Liability Insurance
- Kansas Pyrotechnic Operator Certificate
- Diagram of event location
- List of products to be used

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

	<b><u>For Use by City Staff</u></b>	
Verification of Liability Insurance	Safety Approval	Public Display of Fireworks Approval
_____ Budget Analyst                      Date	_____ Fire Chief                              Date	_____ City Manager                          Date