

**Kathy Michael, McLean County Clerk
115 E. Washington St., Room 102
P.O. Box 2400**

**Bloomington, IL 61702
(309) 888-5190 Fax (309) 888-5982**

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_____Application for Public Display of Fireworks Permit_____

(1) Name of person, firm, or corporation sponsoring display: _____

(2) Exact location of display: _____

(3) Exact date and time of display: _____

(4) Names of supervising personnel to be present and supervising display: _____

(5) Training or experience supervising personnel has had with fireworks: _____

(6) Insurance coverage for any liability resulting from display: _____

(7) Attach to this application a Certification by the Insurance Company, Fireworks Display Bond, and fee of \$45.00 (\$25.00 plus \$20.00 Clerk's fee).

Date

Applicant

Contact Name & Number

Address: City, State, Zip Code