

**Application for Public Fireworks Display Permit
within Unincorporated Rock Island County, Illinois**

Application # _____

I/We, _____, _____, and _____,
individual adult(s) (or municipality), hereby apply/applies for a permit to display public fireworks in accordance with
The Fireworks Use Act at 425 ILCS, Section 35/1 et seq., 425 ILCS 35/2 Pyrotechnic Operator Licensing Act, both as
amended by P.A. 094-0658.

Applicant Information

Applicants Names, Social Security Numbers and Addresses:

1. _____
2. _____
3. _____

Purpose of Display: _____

Location of Display: _____

Time/Date of Public Display: _____

Are any of the applicants a Certified Pyro-technician? _____

Are any applicants licensed by the Illinois Department of Natural Resources pursuant to the Illinois Explosives
Act (or do they hold a magazine certificate)? _____

If none of the Applicants is licensed by IDNR, provide the name, address, phone numbers, proof of license and
letter from the company or persons who are licensed by IDNR who will be handling the display/dismantling
(and/or a copy of the magazine certificate): _____

Have you obtained a fireworks display permit from Rock Island County previously? _____

Have all applicants read and understood the Illinois Fireworks Use Act at 425 ILCS 35/1 et seq.? _____

Date of Application: _____

Applicants Signatures:

Applicant #1

Applicant #2

Applicant #3

APPLICANTS ARE RESPONSIBLE FOR CONTACTING THE CHIEF OF THE FIRE DEPARTMENT
PROVIDING FIRE PROTECTION COVERAGE TO THE AREA OF DISPLAY, OR HIS DESIGNEE, FOR
AN INSPECTION OF THE PROPOSED FIREWORK DISPLAY. IF THE CHIEF OF THE FIRE
DEPARTMENT PROVIDING FIRE PROTECTION COVERAGE TO THE AREA OF DISPLAY, OR HIS
DESIGNEE, DOES NOT INSPECT THE DISPLAY SITE, THE COUNTY BOARD CANNOT ACT UPON
YOUR APPLICATION.

-----For Office Use Only-----

Hold Harmless Signed: _____ Proof of Insurance: _____ Fee Paid: _____

I.D.N.R. License: _____ State Fire Marshal's Office License: _____

Fire Department Review: Approved _____ Denied _____ Signature _____

Reason for Denial: _____

Sheriff's Department Review: Approved _____ Denied _____ Signature _____

Reason for Denial: _____

Date applicant informed of decision: _____

Return this completed form to the County Administration Office; 1504 - Third Avenue, Rock Island, IL 61201 at
least 15 days prior to the date of the display