

2024 Permit for Fireworks Other than Consumer or Low Impact

Authority: 2011 PA 256	The LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD will not discriminate against any individual or group because of race, sex, religion, age, nationality, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Legislative Body of City, Village or Township Board.
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This permit is not transferable. Possession of this permit authorizes the herein named person to possess, transport and display fireworks in the amounts, for the purpose of and at the place listed below only through permit expiration date.

TYPE OF PERMIT(S) (Select all applicable boxes)		FOR USE BY LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD ONLY.
<input type="checkbox"/> Agricultural or Wildlife Fireworks <input type="checkbox"/> Articles Pyrotechnic <input checked="" type="checkbox"/> Display Fireworks		PERMIT(S) EXPIRATION DATE (ENTER DATE OF EXPIRATION)
<input checked="" type="checkbox"/> Public Display <input type="checkbox"/> Private Display		
<input type="checkbox"/> Special Effects Manufactured for Outdoor Pest Control or Agricultural Purposes		
NAME OF PERSON PERMIT ISSUED TO Small Town Saturday Night Fireworks LLC		AGE (18 YEARS OR OLDER) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS OF PERSON PERMIT ISSUED TO 461 Pearl Lake Dr., Sheridan, MI 48884		
NAME OF ORGANIZATION, GROUP, FIRM OR CORPORATION Alpena Fair Society		
ADDRESS 627 S 11 th Ave., Alpena, MI 49707		
NUMBER AND TYPES OF FIREWORKS (Please attach additional pages if necessary) Please See Attached Proposal		
EXACT LOCATION OF DISPLAY OR USE 627 S 11 th Ave., Alpena, MI 49707 (north side of the fair grounds)		
CITY, VILLAGE, TOWNSHIP Alpena	DATE 8/17/24	TIME dusk
BOND OR INSURANCE FILED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT \$2,000,000.00

Issued by action of the Legislative Body of a <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of _____ on the _____ day of _____ <hr/> (Signature and Title of Legislative Body Representative)
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THIS FORM IS VALID UNTIL THE DATE OF EXPIRATION OF PERMIT