CITY OF STANLEY

# Fireworks Permit Application

Name: _____ Business: _____

Mailing Address: _____

Phone: _____ Email: _____

Address of fireworks display: _____

Date(s) of fireworks display: _____

Person(s) putting on the fireworks display: _____

Safety plan: _____

_____

_____

Fire management plan: _____

_____

_____

☐ Attach proof that the notification of fireworks display was provided and received by the fire department

_____ _____

Signature Date

A permit application fee of $25 is required. City Council approves or denies application.

---

**For Official Use Only**

**Approved** _____ **Date issued:** _____ **Paid:** _____

**Denied** _____ **Date Expires:** _____ **Permit Number:** _____

**Clerk's Signature:** _____

City of Stanley
P.O. Box 53 Stanley, ID 83278
208.774.2286
www.cityofstanleyid.gov
cityclerk@cityofstanleyid.gov