

CITY OF MACKINAC ISLAND
COMMERCIAL FIREWORKS PERMIT APPLICATION

Name of Person/Organization Conducting the Display: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____

Name of Pyrotechnics Company/Technician: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____

Date, Time and Duration of Display: _____

Location Offshore of Display (Attach Map): _____

- In addition to the application, the following is required: A copy of the certificate of insurance naming the City of Mackinac Island as additional insured for the amount of \$5,000,000.
- All applicants and pyrotechnic companies must submit, with this application, proof of any licenses, permits or other authorization required by any branch of the local, state or federal government relating to the proposed fireworks display.
- All fireworks displays will only be permitted off shore.

Make checks payable to: City of Mackinac Island

Applicant's Signature: _____ Date: _____

Application Date: _____ Council Approved _____ Denied _____ Date: _____
