



CITY OF OCONOMOWOC
Application for Fireworks

Office of the City Clerk
174 E. Wisconsin Avenue
PO Box 27
Oconomowoc, WI 53066

Application Fee: \$ 100.00
Telephone: (262) 569-2175
FAX: (262) 569-3238

Company: _____ Phone: _____

Address: _____ City, State, Zip _____

Contact Person: _____ On Site Phone: _____

Location(s) of fireworks display: _____

Date(s) of fireworks: _____ Time of fireworks: _____

Certificate of Liability Insurance (\$1,000,000 bodily injury to one person; \$2,000,000 for injury to more than one person; and \$1,000,000 for damage to property) naming the City of Oconomowoc as additional insured.

The following information shall then be provided:

Type of Fireworks:

Size of Shells: _____ # of Shells: _____

City Services requested/ Comments: _____

If Mayor, City Administrator and Police Chief determine that the fireworks display will have a major impact on the City of Oconomowoc, an administrative fee shall be charged based on services rendered.

We agree to indemnify and hold harmless the City (its officers, agents and citizens) against any injuries and damages resulting or arising from fireworks display and shall pay all judgements, costs and charges that may be recovered against the City (its officers, agents and citizens) by reasons of the conduct of such fireworks display, together with the cost of defending any such action against the City, including actual attorney's fees. We hereby accept the conditions of this privilege and agree to abide by all the terms and conditions, as well as include the City of Oconomowoc as an additional insured on the Certificate of Insurance.

Signed:

Approved:

Deputy Fire Chief

Print Name and Title

Mayor

Date: _____

Date: _____

FOR OFFICE USE ONLY

- ___ Application Received
- ___ Certificate of Insurance Provided
- ___ Administrative Fee (if applicable)
- ___ City Services requested (if applicable)
