



**CREVE COEUR FIRE PROTECTION DISTRICT**  
**ADMINISTRATIVE CENTER**  
**11221 OLIVE BOULEVARD**  
**CREVE COEUR, MISSOURI 63141**  
**(PHONE: 314-432-5570 - FAX: 314-432-2367)**  
**Office Hours: Monday through Friday - 7:30 a.m. until 4:00 p.m.**

**PYROTECHNICS**  
**PERMIT**  
**APPLICATION**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**ORGANIZATION REQUESTING PERMIT**

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date: \_\_\_\_\_ Start time: \_\_\_\_\_ Finish time: \_\_\_\_\_

Location of Display: \_\_\_\_\_

**INSURANCE INFORMATION**

Name of Insurance Company: \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Certificate#: \_\_\_\_\_ Date of Coverage: \_\_\_\_\_

**COMPANY DISCHARGING FIREWORKS**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Note: PERMISSION IN WRITING SHALL BE OBTAINED FROM THE SUBDIVISION TRUSTEES, THE VILLAGE TRUSTEES, AND ST. LOUIS COUNTY DEPARTMENT OF PUBLIC WORKS. IF LOCATED IN THE CITY OF CREVE COEUR, FINAL APPROVAL MUST BE OBTAINED FROM THE CHIEF OF POLICE.*