



# CITY OF FULSHEAR

PO Box 279 / 30603 FM 1093

Fulshear, Texas 77441

Phone: 281.346.8860 ~ Fax: 281.346.8237

[www.fulsheartexas.gov](http://www.fulsheartexas.gov)

## Fireworks Display Permit

Operator Contact Information:

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

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

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

City, State, Zip \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Sponsoring Entity Contact Information:

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

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

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

City, State, Zip \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Address of the property: \_\_\_\_\_

Legal Description of the property:

Lot (s) \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

Or Survey: \_\_\_\_\_

Tract: \_\_\_\_\_

Date of the Event: \_\_\_\_\_ Time: \_\_\_\_\_ Estimated Duration: \_\_\_\_\_

Types of fireworks to be ignited: \_\_\_\_\_

\_\_\_\_\_

Proposed trajectory and landing site: \_\_\_\_\_

Who will be transporting the fireworks, the location and duration of the storage:

\_\_\_\_\_

Statement explaining what steps will be taken to insure the safety of the public associated with the display:

\_\_\_\_\_

\_\_\_\_\_

\*Application Fee \$60.00

\*\*Applicant must have approval from Fort Bend County Fire Marshal's Office

\*\*\*Proof of bonding or insurance not less than 1,000,000.000

\*\*\*\*Permit must be submitted not less than 10 days from the date of the event

\*\*\*\*\*All remaining fireworks that are un-fired after the display shall be immediately removed from the City, or shall be disposed of in a way safe for the that particular fireworks.

Return this form to: Building Services Department, 29378 C McKinnon Road, PO Box 279, Fulshear, Texas 77441, 281-346-8860