

CITY OF OCONOMOWOC

Application for Fireworks

Office of the City Clerk 174 E. Wisconsin Avenue PO Box 27

Application Fee: \$100 Telephone: (262) 569-2175 (262) 569-3238 FAX:

Phone:			
011 01 1 7			
City, State, Zip			
On Site Phone:			
Phone:			
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 City of Oconomowoc as additional insured.			
City Services requested/ Comments:			

Application must be submitted 45 days prior to the requested date of use. Municipal Code Section 9.04 (1)(e).

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 Nar	me and Title	Mayor	
Date:		Date:	
		CE USE ONLY	
<u></u>	Application Received Certificate of Insurance Provided Administrative Fee (if applicable) City Services requested (if applicable)	ministrative Fee (if applicable)	