



HOLT COMMUNITY FIRE PROTECTION DISTRICT

PO BOX 225
260 N 33 HWY
HOLT MO 64048

Phone: 816-320-3612

Fireworks Display Permission

The address of where the display is to be held: _____

City: _____ County: _____

Person responsible for fireworks display: _____

Contact phone number: _____

On behalf of the Holt Community Fire Protection District, I hereby grant permission to the person above to conduct a Fireworks Display on

Date: ____/____/____ at the (approximate time) _____

At the location listed above. In accordance with all rules, regulations and the laws of the State of Missouri.

Signed: _____ Fire Chief

Date: ____/____/____ Phone Number: _____