NOVI CITY CLERK'S OFFICE
45175 TEN MILE ROAD
NOVI, MI 48375
(248) 347-0456
Fax (248) 347-0577

FIREWORKS PERMIT APPLICATION
Chapter 22 – Article VI (Section 22-112)

APPLICATION MUST BE MADE AT LEAST 45 DAYS PRIOR TO THE DATE OF THE PROPOSED DISPLAY

Section 1: Applicant Information

Business name/Organization name: _____

Business Contact Person's Name: _____

Business Address: _____ Business Phone:_____

Section 2: Operator Information

Lead Pyrotechnician Name: _____

Company Name: _____

Address: _____

ATF License/Permit Number: _____

Age of Pyrotechnic Operator 18 years or older? ☐ Yes ☐ No

No. Years of Experience: _____ No. Displays: _____ Where: _____

(Attach documentation verifying operator's identity, qualifications, and training)

Assistant Pyrotechnician Name: _____

Address: _____

ATF License/Permit Number: _____

Age of Pyrotechnic Operator 18 years or older? ☐ Yes ☐ No

(Attach documentation verifying operator's identity, qualifications, and training)

Section 3: Display Details

Date of event: _____ Time of Display: _____ Length of Display: _____

Address of event: _____

(Must provide a scaled drawing of the site, including, but not limited to, surrounding buildings, the display site as described by NFPA 1123, the spectator viewing area, and the parking areas)

Property owner name:_____

Property owner email address_____ Phone #:_____

Purpose of event (e.g., Independence Day celebration, fair): _____

_____

_____

Revised May 2025

Type of and number of fireworks to be discharged (attach additional pages if more space is required):

Section 4: Documentation Checklist (All items are required)

☐ **Completed application form.**
☐ **Proof of Age (18+) for all Pyrotechnician Operators:** Copy of government-issued photo ID
☐ **ATF Commercial Fireworks License/Permit:** (Attach copy)
☐ **Operator Qualifications:** Documented experience and training (as per NFPA 1123)
☐ **Scale Drawing of Display Site:** Include buildings, spectator area, and parking
☐ **Proof of Insurance:** Liability insurance per city requirements (attach certificate)
☐ **Additional Insured Endorsement Certificate:** Separate page naming the City of Novi as an additional insured. (attach copy)
☐ **State of Michigan Fireworks Permit:** Completed state application form
☐ **Application Fee:**

- ☐ First Application – $750.00
- ☐ Second Application – $1000.00
  (Payment must be submitted with this application; non-refundable)

Section 5: Certification

I, the undersigned, certify that the information provided in this application is true and complete to the best of my knowledge. I agree to comply with all federal, state, and municipal laws, including NFPA 1123 standards and any conditions set by the City Fire Marshal.

_____

APPLICANT'S SIGNATURE DATE