

City of Sunny Isles Beach

Code Compliance Department 18070 Collins Avenue, 3rd Floor Sunny Isles Beach, Florida 33160 Phone: (305) 792-1705 Fax: (305) 792-1569

Fireworks Display Permit Application

(Chapter 201-5G.Rule19(a) - Parks & Recreation Areas)

Must be Submitted at Least Thirty (30) Business Days Prior to Date of Event

250.00 Non Refundable Application Fee

\$ 350.00 Beach Cleanup Deposit Fee (Refundable after cleaning inspection)
\$15.00 Fee for Revised Permit Approvals

CITY MAY RESCIND ANY APPROVED APPLICATION DUE TO WEATHER CONDITIONS

Premise Type (check one): Applicant	Residential	Comi	mercial			
Address of Event		City	State		Zip	_
Phone#	Fax#		<mark>E-mail:</mark>			_
Property Owner/Corp						_
Address of Event		City	State		Zip	_
Phone#	Fax#		E-mail:			_
Event Manager/Supervisor:						_
Address of Event						
Phone#	Fax#		E-mail:			
Emergency Contact:	Phone#		Fax#		E-mail:	
Address		City	State		Zip	
Description of Event in Detail:						
Location of Event:						
Number of Guests:						
Date of Event:	Hours of Event		plete use of Public	Beach fro	<u>om 4:00pm/10:00p</u>	<u>m)</u>
Required: Liability Insurance			Copy of Contract	`	1 . 1.	
OFFICE USE ONLY: No. of Police Officers needed: No. of Lifeguards needed: THIS APPLICATION DOES NOT APPROVE USES UNAUTHORIZED BY CITY CODE						
Affidavit of Applicant This application is for the event as described herein and that event for which a permit is hereby requested does not constitute a threat to public safety; constitute a danger or impediment to the normal flow of traffic; or constitute a potential disturbance of the peace and quiet of the persons outside the premises where the event is located. Furthermore I understand that any permit that may be granted based on this application is subject to enforcement under the City Code of Ordinances and must be surrendered upon demand to the Code Compliance Department and/or Sunny Isles Beach Police Dept. I also understand that, based on the description of my event, I may be required to have Lifeguards or Police Officers presence, at an additional cost.						
Notarized Signature of Applicant			Notarized Signature of Property Owner			
№ Signature of Applicant			Signature of Property Owner			
Date			Date			
Subscribed and Sworn before me thisday of (year)			Subscribed and Sworn before me thisday of(year)			
by			by			
Check one: Personally Known Produced Identification Type of Identification (if any)			Check one: OPersonally Known OProduced Identification Type of Identification (if any)			
Notary Public	Notary Stamp	N	otary Public		Notary Stamp	
My Commission Expires		M	y Commission Expires	_		