Application for Fireworks Display
General Information

Application for a fireworks permit shall be made to the City of Boerne Fire Marshal's office least 21 days in advance of the date of the display or discharge.

Permits will be issued based on the following requirements and approval by the Fire Marshal's Office.

1. A liability insurance certificate of $2,000,000.00 must be secured The City of Boerne shall be named an additionally insured on the certificate of insurance.

2. The discharge site must be pre-approved by the City of Boerne Fire Marshal or his/her designated assistant. This site inspection should be coordinated with the display shooter and conducted prior to issuance of the permit.

3. All handling, storage, discharge, and activities related to the fireworks must follow the Texas Occupations Code Chapter 2154 Regulations of Fireworks & Fireworks Display and 28 TAC section 34.800 Fireworks Rules.

4. The person in charge of the event, based on prior approval, is responsible for:

    a. Coordinating and/or providing approved fire protection for the display.
    b. Arranging appropriate security and crowd control for discharge and display areas.
    c. Searching the fallout area after the display for the purpose of locating unexploded shells. The area is to be searched and rendered safe before allowing public access.

5. The person in charge of the event is responsible for scheduling a site inspection 24 hours or less in advance of the display event.

6. Complete the application below and upload it to the Smartgov online permiting portal.

Application for Fireworks Display
(Print or Type All Information)

Date of Application_____ Fee Submited: _____

Event Name: _____ Date: _____

Time of Fireworks:_____ Rain Date:_____

Event Locations:_____

Shooting site/Display area:_____
(include map)

Sponsoring Organization:_____

Person in charge of event: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Work Phone: _____ Other Phone: _____

Person Coordinating Fireworks: _____
(for the sponsor)

Mailing Address: _____

City: _____ State _____ Zip: _____

Work Phone: _____ Other Phone: _____

Company Responsible for Shooting _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Work Phone: _____ Other Phone: _____

Shooters Name: _____