



Hallsville Police Department

202 East Highway 124
P.O. Box 170
Hallsville, Missouri 65255-0170
573-696-3838 (Office)
573-696-0605 (Fax)

City of Hallsville Fireworks Permit

Name of Person Requesting Permit : _____

Address of Requester: _____

Display Address; _____

Date of Request: _____ Date of Discharge: _____

I, _____, shall provide maximum safety for all persons concerned, and execute the fireworks display in a safe manner at all times. The City of Hallsville will not be responsible, or any injuries or damages incurred during the display requested above.

Signature of Requester: _____

Signature of the Chief of Police: _____

Date Approved: _____ Permit #: _____

This permit is not valid outside the city limits of Hallsville and must be in possession of the requestor.