



7651 E. Central Park Avenue  
Bel Aire, Kansas, 67202  
Phone: 316-744-2451 Fax: 744-3739  
www.belaireks.gov

Permit fee: \$250.00 per display

For Office Use Only

\*Payment date: Waived by CM

Approval date: \_\_\_\_\_

LIFE'S ~~WILD~~ ON THE EDGE!

## FIREWORKS PUBLIC DISPLAY PERMIT APPLICATION

Date of Display: June 28, 2025

Start & End Time: 9pm / 2100

Alternate Weather Date of Display: n/a

Start & End Time: 10:30pm / 2230

Type of Fireworks to be used (describe or attach list): 1.4 gram. List attached

Anticipated need for police, fire, or other municipal services (List all that apply): \_\_\_\_\_

If police can assist with traffic, that would be great. The City of Wichita will determine whether or not fire will be required.

Organization or Group for which display is planned: Waz Up Fireworks Family, Fun, Fireworks Demo and Show

8745 East 50th Street North Bel Aire, Kansas 67226

Property Address of the Display: \_\_\_\_\_

\*You Must Attach a Diagram of Display Location to this Application. Diagram must indicate distances from point of fireworks discharge to: perimeter of grounds, all structures located upon grounds, all structures on abutting properties within 500 ft of point of discharge, all abutting streets, points of ingress/egress to the grounds, and the area at which the audience will be located.

Organization/ Individual: CIAC, LLC "DBA" Clinic In A Can

Address: 9745 East 50th Street North

City: Bel Aire

E-Mail: mike@clinicinacan.com

Contact Person: Michael Wawrzewski

Contact Person's Phone #: 316 204 4677

HAS WRITTEN PERMISSION OF THE PROPERTY OWNER BEEN OBTAINED? : yes-owner is the operator

(A copy of the owner's permission is to be attached to this application)

### OPERATOR INFORMATION:

Name of Operator: Michael Wawrzewski

Business Name: Waz Up Fireworks, LLC

Address: 9745 East 50th Street North

City: Bel Aire

E-Mail: mike@clinicinacan.com

Phone Number: 316-204-4677

Operator License Number: SGFOW197

Issue Date: 5/5/2025

Expiration Date: 5/5/2029

Insurance: Applicant must provide a certificate of public liability insurance for the display in a minimum amount of \$1,000,000.00 for each occurrence including damage to vehicle, naming City of Bel Aire as additional insured and providing for workers compensation, which is written by an insurance carrier licensed to do business in Kansas.

Sedgwick County Fire Marshall approval: No public display permit will be approved by the City until the Sedgwick County Fire Marshall has approved the application for this display.

I understand that all documentation including proper evidence of the required insurance coverage, permit fee, and this application must be received by the City no less than 30 days prior to the date of the display as stated above. I certify the above information is true and correct to the best of my knowledge and belief. I understand that any incorrect information submitted on this application will give the City of Bel Aire authorization to deny my permit application. I also certify that I have attached all required information. I understand that only completed applications will be accepted.

Fireworks displays shall be completed by midnight on Fridays and Saturdays and 11:00 p.m. Sunday through Thursday. FIREWORKS DISPLAYS SHALL BE CONDUCTED IN ACCORDANCE WITH NFPA 1123 and 1127 AND SHALL CONFORM TO THE REQUIREMENTS AS SET FORTH ON PERMIT. The permit, if issued, must be posted at the display site and surrendered upon request to the representative of the City of Bel Aire. I further understand that no one is permitted to discharge any type or form of common fireworks at the site. The permit will not be transferable to another operator. Violation of these requirements may cause my permit privileges to be forfeited and future permits to be denied.

Applicant Signature: \_\_\_\_\_

Date: 6/5/2025

Received by: Michael Wawrzewski

Date: 6/5/2025

\*waived per City Manager; for this year