



A PLACE TO DISCOVER™
POLICE DEPARTMENT

27W465 Jewell Road – Winfield, IL 60190

Telephone: (630) 933-7160 – Fax (630) 668-5541

www.villageofwinfield.com

BONFIRE PERMIT APPLICATION

Name: _____ Date: _____
(PRINT CLEARLY)

Address: _____
(PRINT CLEARLY)

Telephone – Home: _____ Cell: _____

Date of Bonfire: _____

Time: _____
(PROPOSED DURATION OF BONFIRE NOT TO EXCEED 4 HOURS BETWEEN 12:00 P.M. NOON & 12:00 A.M. MIDNIGHT)

Adult Supervisor: _____
(THIS PERSON MUST BE IN ATTENDANCE FOR THE DURATION OF THE ACTIVITY)

I HAVE READ AND UNDERSTAND THE VILLAGE’S ORDINANCE AND HAVE CLARIFIED ANY PARTS OF THE ORDINANCE WHICH WERE UNCLEAR TO ME BEFORE SUBMITTING THIS APPLICATION FOR A BONFIRE PERMIT.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS FOR ANY RECREATIONAL BURNING AS SET FORTH IN SECTION 4-2-6 OF THE VILLAGE CODE.

(APPLICANT’S SIGNATURE)

(DATE)

FOR OFFICE USE ONLY

Date Received: _____ Permit Expires: _____(Midnight)

Approved by: _____ Date Approved: _____