



# BONFIRE REQUEST FORM

Bonfires may not start before 6:00 p.m. between Memorial Day to Labor Day. Off peak season bonfires may start before 4:00 p.m. Permit holder is responsible for removal of all bonfire debris and trash from the beach by midnight. NO BURNING DIRECTLY IN THE SAND.

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

<input type="checkbox"/> Beach 1 (Dairy Queen)	<input type="checkbox"/> Beach 2 (East of Maui)	<input type="checkbox"/> Roosevelt Inlet (End of Cedar Ave/Yacht Club)	<input type="checkbox"/> Cape Shores <input type="checkbox"/> Pilot Point <input type="checkbox"/> Port Lewes <input type="checkbox"/> Public beach cross over street: _____
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Date of bonfire: \_\_\_\_\_ Rain Date: \_\_\_\_\_

Type of flame? BONFIRE GRILLING-GAS GRILLING-CHARCOAL OTHER: \_\_\_\_\_

How many people attending:  1- 25 people  26+ people

**Applicant's Signature:** \_\_\_\_\_

**I understand that there is to be:**

**NO OPEN BURNING – NO ALCOHOLIC BEVERAGES – NO FIREWORKS – NO SKY LANTERNS- BEACH MUST BE CLEANED IMMEDIATELY FOLLOWING PARTY – ALL EQUIPMENT MUST BE HAND CARRIED ON AND OFF THE BEACH**

**Any fire or open flame** on the beach such as cooking, grilling, or bonfire must apply for a bonfire permit and follow bonfire rules. All fires must be in a **contained unit with a bottom**. Burying directly in the sand is prohibited. The beach cannot be reserved for you as it is a public beach. Therefore others may be using the beach at the time. All bonfire applicants must be at least 18 years of age to apply and have a bonfire on Lewes Beach. PERMIT COVERS OPEN FLAME ONLY. DOES NOT PERMIT EVENTS OR WEDDINGS.

**\$25.00 Non-refundable Fee – Bonfire Party with 25 or less people**

**\$50.00 Non-refundable Fee – Bonfire Event with more than 25 people**

Make checks payable to **City of Lewes** and submit with completed form to:  
The City of Lewes, Attn: BONFIRE, P.O. Box 227, Lewes, DE 19958  
Fax (302) 645-6406

**PAYMENT INFORMATION:** (Credit Card Payments can be faxed to: (302) 645-6406)

<b>Cash</b>	<b>Check</b>	<b>Credit Card:</b>	VISA	MC	DISCOVER
Check # _____		Credit Card #:	_____		
Receipt # _____		Expiration Date:	_____	Verification Code:	_____
		Name as appears on card:	_____		
		Billing Zip Code:	_____		
		Signature:	_____	Date:	_____