



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"/> Savannah Beach (Dairy Queen) | <input type="checkbox"/> Johnnie Walker Beach (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: _____ |
|---|--|--|--|

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)

| | | | | | |
|-----------------|--------------|--------------------------|-------|--------------------|----------|
| Cash | Check | Credit Card: | VISA | MC | DISCOVER |
| Check # _____ | | Credit Card #: | _____ | | |
| Receipt # _____ | | Expiration Date: | _____ | Verification Code: | _____ |
| | | Name as appears on card: | _____ | | |
| | | Billing Zip Code: | _____ | | |
| | | Signature: | _____ | Date: | _____ |