

APPLICATION FOR A CONSUMER FIREWORKS DISPLAY PERMIT

PART A – DISPLAY SPONSOR INFORMATION

Display Sponsor’s Name:	Telephone Number :
Sponsor’s Address:	Cell Phone:

PART B – DISPLAY OPERATOR INFORMATION

Consumer Operator’s Name:	Telephone Number:
Operator’s Address:	Cell Phone Number:
Location Where Consumer Fireworks Stored:	Storage Dates: (Approximate)
Evidence of Financial Responsibility (if required):	
Name and Address of Insurer:	Telephone Number:
Policy Number:	Coverage Dates:
Type of Coverage:	
List Type, Size and Approximate Number of Consumer Fireworks to be Displayed: (If you need more space, please attach a separate sheet of paper.)	

PART C – DISPLAY INFORMATION

Display Location:	
Property Owner's Name:	Telephone Number:
Owner's Address (if different than Display Location):	
Date of Display:	Time of Display:
Alternative Date:	Time of Alternative Display:
<p>By signing below, the Owner of the property on which the Consumer Fireworks Display will take place, hereby authorizes the Display Sponsor and the Display Operator to perform the Consumer Fireworks Display on said property:</p> <p>Signature:</p>	

PART D – SITE INSPECTION INFORMATION

Answer the following questions:	Yes	No
Is distance to any fire hydrant or water supply greater than 600'?		
Is display area clear from overhead obstructions?		
Have plans been made to keep viewers out of the display area?		
Is a hospital, nursing home, or other institution within 600' of the display site?		
Has a diagram of the display site been attached to this application?		
Does the Display Site allow for a minimum distance of 200' in all directions from the Discharge Site?		

PART F – FIRE DEPARTMENT AUTHORIZATION (Completed by Fire Department)

Department Name:		Telephone Number:	
Department Address:			
Based on review of the Display Site, the provided Diagram, and discussion with the Consumer Operator:		Yes	No
Have you verified the answers the applicant has given to Part D of this application?			
Has the Consumer Operator identified in the attached Permit successfully passed the Consumer Operator Safety Training?			
Date Passed: _____			
By signing below, the Fire Chief of the above-identified fire jurisdiction, or his or her designee, hereby acknowledges that he or she inspected the Display Site:			
Signature:			
Print Name:		Date:	

PART E – DIAGRAM OF DISPLAY SITE (Completed by Applicant)

In the space provided below, draw and identify the location of the following items: Streets, Discharge Site, Fallout Area, Parking Area, Spectator Area, Buildings, Overhead Obstructions, and Spotters. The associated separation distances must also be shown. Do not forget to identify the direction in your drawing:

