

REQUEST FOR OUTDOOR FIREWORKS DISPLAY PERMIT

Application Date: _____

Sponsor/Applicant of the Show

Name: _____

Address: _____

Phone: _____ **Email:** _____

Contact Person: _____

Property Owner of Display Location

Name: _____

Address: _____

Phone: _____ **Email:** _____

Display Company

Name: _____

Address: _____

Contact Person: _____

Phone: _____ **Email:** _____

NYS Dept of Labor Explosives License Number: _____

Name of the Certified Pyrotechnic Operator will be Responsible for the Display:

Certificate Number: _____ **Certificate Expiration:** _____

Authorized Assistant

Name: _____

Certificate Number: _____ **Certificate Expiration:** _____

Authorized Assistant

Name: _____

Certificate Number: _____ **Certificate Expiration:** _____

Display Date/Time: _____ Expected Duration: _____

Display Content:

Storage Plan for Fireworks Prior to Display:

Rain Date for Display: _____

Storage Plan for Fireworks if Rained-out:

Please provide a Diagram of the Display Area showing

- location of discharge
- distance to all buildings, highways, lines of communication
- location of the audience
- location of trees, overhead obstructions, structures or devices that could be affected by the display or fallout from it.

Please provide a copy of the Certificate or other Proof of Insurance or Bond. (Minimum one-million-dollar policy required).

Note: Indoor pyrotechnics/fireworks are prohibited in the Town of Hopewell. No Exceptions.

Sponsor/Applicant Signature

Date

Approved ____ Disapproved ____ By _____ On this Date _____

