

PERMIT FOR OUTDOOR FIREWORKS DISPLAY

Address of Display: _____ **Application Date:** _____

Property Owner: _____ **Phone:** _____

Owner Address: _____

Date of Display: _____ **Time:** _____

Rain/Wind Date of Display: _____ **Time:** _____

Sponsor Organization Name: _____

Address: _____ **E-mail Address:** _____

Contact Person Name: _____ **Phone:** _____

Fireworks Supplier Name: _____

Address: _____

Contact Person Name: _____ **Phone:** _____

Display Company Name: _____

Address: _____ **E-mail Address:** _____

Contact Person Name: _____ **Phone:** _____

Operator Name: _____ **License No.:** _____

Second Operator Name: _____ **License No.:** _____

Number of Assistants: _____ **Names:** _____

Number of Fireworks to be Discharged: _____ **Size of Largest Mortar:** _____

Type of Fireworks: _____

Ignition Method: Manual Electrical **Set up Start Time:** _____

Manner and Location of Storage Prior to Display: _____

The reverse side of the application must be completed

Name of person completing this application: _____ **Title:** _____

- OFFICIAL USE ONLY -

[] **Denied Date:** _____ **Reason Denied:** _____

[] **Approved Date:** _____ _____

Signature: _____ **Permit No.:** _____

Please include the following with the completed application:

- Liability Insurance certificate or bond in an amount of not less than \$1,000,000 with Town of Marcellus as holder
 - Worker's Compensation Insurance Certificate with Town of Marcellus as holder
 - Copy of Operator's License
 - Copies of certificates of competence
 - Copy of Contract between Sponsor & Display Company/Operator
 - * Shipping papers to be forwarded to the Marcellus Fire Department
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Site Diagram

Please draw below or attach a diagram of the grounds on which the outdoor fireworks display is to be held showing the following:

- Discharge Site
 - Display Site
 - Fallout Area
 - Lines behind which the audience is to be restrained
 - Location of all buildings, highways, and other lines of communication
 - Location of other possible overhead obstructions
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