



## APPLICATION FOR A FIREWORKS DISPLAY

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

PHONE # OF APPLICANT: \_\_\_\_\_

DATE OF REQUESTED FIREWORKS DISPLAY: \_\_\_\_\_

TIME OF DISPLAY: \_\_\_\_\_ DURATION OF DISPLAY: \_\_\_\_\_

LOCATION OF FIREWORKS DISPLAY: \_\_\_\_\_

DESCRIBE SURROUNDING AREA OF FIREWORKS DISPLAY AND LIST ANY POTENTIAL FOR ACCIDENTAL FIRE: \_\_\_\_\_

NAME OF INDIVIDUAL RESPONSIBLE FOR SETTING OFF FIREWORKS DISPLAY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EXPERIENCE OF INDIVIDUAL RESPONSIBLE FOR SETTING OFF FIREWORKS: \_\_\_\_\_

HAVE YOU CONTACTED LOCAL FIRE & RESCUE AGENCIES TO BE PRESENT DURING FIREWORKS DISPLAY? \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF FIRE/RESCUE AGENCY WHICH SHOULD BE CONTACTED: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE