

TOWN OF HECTOR
5097 State Route 227
Burdett, NY 14818
607-546-5286

APPLICATION FOR FIREWORKS DISPLAY PERMIT
Ref: NY State Penal Law, Article 405.00

1. Name of organization sponsoring display (limited to municipalities, fair associations, amusement parks and organizations of individuals):

Address: _____

Phone Number: _____

Person in charge of the display: _____

Address: _____

Phone Number: _____

Attach a copy of NYDOL Explosives License and ATF License

2. Date Display is to be Held: _____

Time Display Starts: _____

Time Display Ends: _____

3. Exact Location of

Display: _____

4. Provide the following information with respect to the individuals that are to do the actual discharging of the fireworks. Attach additional sheets if necessary.

Name: _____

Age: _____

Experience Discharging

Fireworks: _____

Height: _____

Weight: _____

Corrective Eyewear: Yes: _____ No: _____

Other Distinguishing Physical Characteristics: _____

Certified Pyrotechnician: Yes: _____ No: _____ (Attach copy of license)

5. Number of Fireworks to be Discharged: _____

6. Manner and Place of Storage of Fireworks Prior to

Display: _____

7. Fee: \$50.00 Paid: _____ cash or _____ check # _____

8. Attach a diagram of the grounds on which the display is to be held, showing the point at which the fireworks are to be discharged, the location of all buildings, highways and other lines of communication, the lines behind which the audience will be restrained and the location of all nearby trees, telegraph or telephone lines or other overhead obstructions, and distances of all of the foregoing from the point of discharge.
9. Attach proof that the fire protection department serving the area that the fireworks are to be discharged from has received notice of this application and a copy of the diagram described in 7 above.
10. Attach a certificate of liability insurance evidencing public liability coverage in an amount of at least \$1,000,000 and naming the Town of Hector as additional insured, along with a copy of the policy endorsement or declaration page showing additional insured coverage.

The applicant hereby certified that all of the information provided in this application is true, correct and complete. Any false statements are subject to the applicable provisions of the New York State Penal Law.

Signature: _____

Printed Name: _____

Date: _____

Approval must be signed by authorized Town of Hector personnel (clerk, supervisor or codes) prior to event.

APPROVED: _____

DENIED: _____

DATE: _____

SIGNED: _____

Town of Hector