

REQUEST FOR FIREWORKS DISPLAY PERMIT

Town of Clayton

Ref: NY State Penal Law, Article 405.00

Application Date: _____

(A) TO BE COMPLETED BY THE EVENT SPONSOR/ORGANIZATION:

Event Sponsor/Organization: _____

Address: _____

Phone: _____ Contact Person: _____

TO BE COMPLETED BY THE FIREWORKS SHOW CONTRACTOR:

Company Name: _____

Address: _____

Phone: _____ Contact Person: _____

NYS Dept. of Labor Explosives Licence# _____ Expires: _____

Operator - Name of the certified pyrotechnician who will be in charge of the display

Name	Certificate #	Expires
_____	_____	_____

Authorized Assistants: Names of the individuals who are authorized by the operator to work on the show, identified either by their certificate number and expiration date, if they are certified, or by their age and phone number, if they are not certified.

Name	Certificate# / Age	Expires / Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on a separate sheet, if necessary).

(B) Display Date/Time: _____ **Expected Duration:** _____

(C) Display Location: _____

(D) Display Content: _____

- (E) How will fireworks be stored prior to display: _____
- (F) Rain Date for display: _____
- (G) If rained out how will fireworks be stored: _____
- (H) For outdoor displays not before a proximate audience, attach a diagram of the area where the display will take place, showing location where the fireworks will be discharged from, the location of, and distance to: all the buildings, highways, lines of communications, location of the audience, trees, overhead obstructions or other structures or devices that could be affected by the display or fallout from it.
- (I) **Proof of Insurance or Bond (Minimum One Million Dollars).** *The policy must provide coverage for damages to any people or property resulting from the fireworks display as well cover the Town of Clayton, its officers, and employees from any liability related to this fireworks display. Please attach a copy of the policy certificate or other proof of insurance or Bond.*
- (J) I attest that the information contained in this permit application is accurate, true and complete to the best of my knowledge, and I understand that false statements made in this permit application are subject to the applicable versions of the NYS Penal Law.

Signature of Event Sponsor/Organization

Signature of Fireworks Operator/Contractor

Date

Date

Required Documents Attached:

Event Sponsor/Organization: Proof of Insurance (\$1 MIL Liability Minimum) & Copy of Contract Between Sponsor and Contractor

Fireworks Contractor/Operator: Proof of Insurance (\$1 MIL Liability Minimum), Proof of NYS DOL Explosives License & Site Plan for display.