

REQUEST FOR OUTDOOR FIREWORKS DISPLAY PERMIT

Town of Moreau, 351 Reynolds Road, Moreau, NY 12828

Phone: 518-792-1030

Ref: NY State Penal Law, Article 405.00

Application Date: _____

A. Sponsor/Applicant of the show

Name: _____

Address: _____

Phone: _____ Contact Person: _____

Display Company

Company Name: _____

Address: _____

Phone: _____ Contact Person: _____

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

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

Name

Certificate # / Expires

Authorized Assistant(s): Name(s) of the individual(s) over 18 years of age.

Name

Certificate # / Expires (If Applicable)

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. **Diagram** ☐

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, highway, 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).** ☐

Insurance certificate must read that the Town of Moreau is added as an additional insured. 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 Sponsor/Applicant

Date

Permit Issue Date:_____

Permit Expiration Date:_____

Authorized Signature

Title