



APPLICATION FORM FOR THEATRICAL FIREWORKS PERMIT

Date: _____

Permit Number: _____

Date and Time of Event:

Rain Date: _____

Name of Address of Applicant and the sponsoring business or organization, if applicable:

Name and Address of Pyrotechnician: _____

Proof of Certification of Pyrotechnician attached.

Location of Display:

Has permission been obtained from the property owner? _____

Proof of Permission attached.

List of Pyrotechnical Special Effect Fireworks to be employed:

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Attach a site plan of the facility and room capacity, the stage and the pyrotechnic special effect fireworks storage area, location of all pyrotechnic special effect fireworks and location of the audience and all exits.

Please return completed application to [Fire Prevention](#).

Height, range and effect, fallout and duration of the display of pyrotechnic special effect

fireworks:

Sequence of Firing:

Description of Emergency Procedures:

Manner in which unused Fireworks are to be disposed of:

Proof of Insurance:

Card Number: _____

Company Name and Address:

Policy Number: _____

Approved by: _____ Date: _____