



Application for Display of Fireworks

Town of Clarence, New York

Date: _____

Received by: _____

Fee: _____

Name of group sponsoring the display: _____

Date & Time of Display: _____

Rain Date & Time of Display (if applicable): _____

Name & Experience of individuals in charge of firing the Display: _____

Number & Type of fireworks to be discharged: _____

Exact location planned for display: _____

Type of fire protection to be provided: _____

Application Checklist:

Copy of NYS Pyrotechnic Certificate for each individual firing the display. _____

Diagram of the grounds on which the display is to be held. Must include discharge point, location of all buildings, highways, overhead obstructions, crowd control measures. _____

Application must include liability insurance listing the Town of Clarence as an additional insured, in an amount no less than \$1,000,000.00 _____

Applicant Signature

Fire Company Approval:

I certify that I have received the above application for display of fireworks in the Town of Clarence and give my approval on behalf of the _____

Fire Company

Signature/Title

Date

Town Use Only:

Town Board Action: _____ Date: _____

Receipt is hereby acknowledged in the sum of \$ _____ being the permit fee established by the Town Board of the Town of Clarence and which permit is issued subject to the terms and conditions contained in the application and specifications therewith.

Town Clerk: _____ Date Issued: _____

Method of Payment: _____ Permit # _____

Copy to applicant on ____/____/____ (via-circle one) E-mail / In Person by: _____