

TOWN OF JERUSALEM

APPLICATION FOR FIREWORKS DISPLAY PERMIT

NAME OF APPLICANT/SPONSOR _____

ADDRESS _____ PHONE# _____
_____ CONTACT _____

NAME OF DISPLAY COMPANY _____

ADDRESS _____

DATE OF DISPLAY _____ TIME _____

EXACT LOCATION OF DISPLAY _____

PERSON(S) IN CHARGE OF DISCHARGING FIREWORKS:

NAME: _____ AGE _____ YEARS WORKED _____

PHYSICAL CHARACTERISTICS: _____

NAME: _____ AGE _____ YEARS WORKED _____

PHYSICAL CHARACTERISTICS: _____

THE NUMBER AND KINDS OF FIREWORKS TO BE DISCHARGED: _____

STORAGE OF FIREWORKS PRIOR TO DISPLAY: _____

A diagram of the grounds on which the display is to be held, the point at which the fireworks are to be discharged, the location of all the buildings, highways, and other lines of communications, the lines behind which the audience will be restrained and the location of all nearby trees, telegraph or telephone lines or other overhead obstructions is attached.

INSURANCE _____

SIGNATURE OF APPLICANT

DATE