

REQUEST FOR OUTDOOR FIREWORKS DISPLAY PERMIT

Village of Albion
35 East Bank Street
Albion NY 14411
www.vil.albion.ny.us
585) 589-7229 (585) 589-1919 fax
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
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_____	_____
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Authorized Assistant (s): Name (s) of the individual (s) over 18 years of age.

Name	Certificate #/Expires (if applicable)
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(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). 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