

TOWN OF SIDNEY CODE ENFORCEMENT

44 Grand Street, Sidney, NY 13838

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REQUEST FOR FIREWORKS DISPLAY PERMIT
Ref: NY State Penal Law, Article 405.00

(A) Sponsor of the show

Name:
Address:
Office Phone ( ) Cell:( ) Contact Person:
Email

Display Company

Company Name:
Address:
Office Phone ( ) Cell:( ) 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 Assistants: Names of the individuals who are authorized by the operator to work on the show, identified either by their certificate number and expiration date, if they are certified, or by their age and phone number, if they are not certified.

Table with 4 columns: Name, Certificate# /, Expires, Phone

- (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: Distance from launch site to spectators?
(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.

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 Applicant Date