REQUEST FOR OUTDOOR FIREWORKS DISPLAY PERMIT

Town of Moreau, 61 Hudson Street, South Glens Falls, NY 12803 Phone: 518-792-1030

Ref: NY State Penal Law, Article 405.00

pplic	ation Da	te:				
A.	Sponso	or/Applicant of the show				
		Name:				
		Address:				
		Phone: Contact Person:				
	Display	isplay 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			
		Authorized Assistant(s): Name(s) of the inc	dividual(s) over 18 years of age.			
		Name	Certificate # / Expires (If Applicable)			
В.	Display	Date/Time:	Expected Duration:			
C.	Display	Location:				
D.	Display	Content:				
E.	How wi	Il fireworks be stored prior to display:				

F.	Rain Date for display:			
G.	If rained out how will fireworks be store	əd:		
Н.	Diagram □			
	where the display will take place, show discharged from, the location of, and d	kimate audience, attach a diagram of the area wing location where the fireworks will be distance to: all the buildings, highway, lines of nce, trees, overhead obstructions or other ected by the display or fallout from it.		
I.	Proof of insurance or bond (minimum one million dollars). \Box			
		e Town of Moreau is added as an additional olicy certificate or other proof of insurance or be	ond	
J.	complete to the best of my knowledge,	n this permit application is accurate, true and and I understand that false statements made in plicable versions of the NYS Penal Law.	this	
	Signature of Sponsor/Applicant	Date		
Permit	Issue Date:			
Permit	Expiration Date:			
Author	rized Signature			
Title				