

EAST ROCKHILL TOWNSHIP

APPLICATION FOR PUBLIC DISPLAY OF FIREWORKS

PLEASE RETURN THE COMPLETED APPLICATION FORM WITH ATTACHMENTS:

APPLICANT'S FULL NAME: _____

BUSINESS NAME: (If applicable) _____

PHYSICAL ADDRESS OF APPLICANT: _____

MAILING ADDRESS OF APPLICANT: _____

(IF DIFFERENT FROM ABOVE)

APPLICANT PHONE: _____

DATE OF BIRTH: ____/____/____

PROPOSED LOCATION OF FIREWORKS DISPLAY: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS AND PHONE: _____

PROPOSED DATE AND TIME OF DISPLAY: _____

TYPE OF DISPLAY AND LENGTH OF DISPLAY: _____

NUMBER AND TYPE OF FIREWORKS: _____

NAME AND ADDRESS OF COMPETENT OPERATOR: _____

EXPERIENCE OF COMPETENT OPERATOR: _____

(ATTACH A COPY OF LICENSE/PERMIT)

No. of Years: _____ No. of Displays: _____ Where: _____ DOB: __/__/__

AMOUNT OF BOND AND INSURANCE: _____

(ATTACH PROOF OF SAME TO APPLICATION)

Please attach the written consent of the property owners wherein the display is proposed. Please also attach the requisite IFC permit application and permit and all other required State, Federal and/or County permits or licenses. Please also include the requisite permit fee identified in the Township's fee schedule resolution. Attach adequate proof of insurance and the requisite Bond pursuant to the Township's Ordinance. Please also attach the names, addresses and phone numbers of Principal Officers, Trustees, and or Directors if any, of the Applicant.

I declare under penalty of perjury that the above information contained herein is to the best of my knowledge and belief true and correct. I further declare that I have read the rules and regulations which concern the public display of fireworks in East Rockhill Township and will abide by the contents therein.

Signature, Title

