TOWN OF DICKINSON – FIREWORKS PERMIT APPLICATION



Code Enforcement: 153 Old Front Street Binghamton, NY 13905 Phone: 607-723-9401 Email: kdoyle@townofdickinson.com

Permit	Number			
1.	Sponsoring organization:			
2.	Event Name:			
3.	Contact person:		Phone:	
4.	Fireworks Company name:			
	Address:			
	Contact person:		Phone:	
5.	Location of proposed display:			
6.	Date of display: Time:			
7.	Person actually in charge (onsite):			
	Name:	D.O.B.:	Cert. No	
	Assistants:	D.O.B.:	Cert No	
		D.O.B.:	Cert No	
		D.O.B.:	Cert No	
		D.O.B.:	Cert No	
		D.O.B.:	Cert No	
Qualifica	tions/experience:			
8.	List all fireworks to be discharged under this permit:			
0.				
9.	Type of storage prior to display:			

10. Attach an insurance certificate in the sum of \$2,000,000 for each incident, covering the Town of Dickinson as an additional insured for the payment of all damages which may be caused by the reason the display so permitted. New York State requires proof of Worker's Compensation and New York State Disability Benefits Law Coverage prior to issuance of permit.

TOWN OF DICKINSON – FIREWORKS PERMIT APPLICATION



Code Enforcement: 153 Old Front Street Binghamton, NY 13905 Phone: 607-723-9401 Email: kdoyle@townofdickinson.com

11. Attach a diagram of the grounds on which the fireworks display will be held. Sign the attached statement of understanding AND RETURN WITH APPLICATION. 12. 13. APPLICATIONS SUBMITTED LESS THAN FIVE (5) BUSINESS DAYS BEFORE THE EVENT WILL NOT BE CONSIDERED. Signature of Applicant Date Fire Apparatus fee (if required): As determined by Fire Department APPROVAL OF REQUESTS (for office use only) Consent YES NO Fire Department Name NO YES Code Enforcement Officer YES NO Town Clerk STATEMENT OF UNDERSTANDING I, ______, understand and will comply with the rules and regulations governing fireworks displays and that the display on ______, for _______, at _____ will be done in accordance with these rules. Signature

Date