Attached you will find an application for a Fireworks Discharge Permit. This application must be completed and returned 60 Days prior to issuance of the permit.

ITEMS REQUIRED PRIOR TO PERMIT ISSUANCE:

1. All blanks must be completed on the application.
2. The Permit Holder is required to obtain liability insurance in an amount sufficient to cover the claims of any person(s) who may be injured or otherwise damaged as a result of the display. The insurance must name Edgecombe County as an additional insured and a copy of the Certificate of Insurance evidencing the coverage must accompany the application.
3. Include a detailed site plan indicating the discharge and storage locations and distances.
4. Include the manufacturer's technical data sheet of each type of pyrotechnics to be discharged.

SECTION EXPLANATION:
Section I: Information on the person, group, corporation, association, or entity sponsoring, holding, or primarily responsible for the event.
Section II: Information on the Pyrotechnician.
Section III: Information on the actual display.
Section IV: Public Safety Information. (Name of fire district where the discharge will take place, address of the nearest fire station, and name and location of the nearest medical facility).
Section V: Notarization of the application. (APPLICATION SIGNATURES MUST BE NOTARIZED).
Section VI: Fire Department Comments. (This must be completed by the Chief of the local fire department representing, the district where the discharge will take place).
Section VII: For Edgecombe County Fire Marshal use only.
Section VIII: Fireworks Permit Number.

THE FIREWORKS PERMIT MUST BE ON SITE DURING THE DISCHARGE OF THE PYROTECHNICS.
Edgecombe County
Application for Fireworks Discharge Permit

Section I

Important: This application must be returned 60 Days prior to event to ensure permit processing.

Please Type or Print

APPLICANT INFORMATION: (Note: The applicant is the person, group, corporation, association, or other entity sponsoring, holding or primarily responsible for the event or enterprise for which this permit is requested).

Name: ______________________________ Telephone: ________________ home

Address: ____________________________________________________ work

________________________________

For a corporate applicant, indicate the name and address of the registered agent for service of process:

Name: ______________________________

Address: __________________________________

________________________________

President or CEO: ______________________________

Indicate whether the applicant is or will be insured with respect to the discharge of fireworks/pyrotechnics: YES ________________ NO _______

If covered, specify the source, amount, and coverage period of the insurance:

Source: ______________________________ Amount: $ ________________

Coverage Period: __________________________
Section II

PYROTECHNICS TECHNICIAN INFORMATION: (Note: This is to be completed by the individual who will shoot and/or discharge the fireworks or pyrotechnics).

Name: _____________________________ Telephone: _______________ home

Address: ____________________________________________________ work

Bureau of Alcohol, Tobacco and Firearms permit/license type and no.: ___________

Specify Pyrotechnicians’ training and experience: ________________________________

Specify Pyrotechnicians’ training and experience: ________________________________

Indicate whether the technician is or will be insured with respect to the discharge of fireworks/pyrotechnics:

Indicate whether the technician is or will be insured with respect to the discharge of fireworks/pyrotechnics: YES _________________ NO _______

If covered, specify the source, amount, and coverage period of the insurance:

Source: ________________________________ Amount: $________________________

Coverage Period:

Section III

DISPLAY INFORMATION: (Note: Indicate who provided this information):

Applicant: Technician: ______________ Both: ______

Indicate the type of display event:

Carnival: ________________ Exhibition: ________________ Fair: _____________

Public Celebration: __________________ Other: ______________

Proposed day and time of the event:

Day: ___________________________ Time: ______________________ AM / PM

Proposed location or site: ___________________________________________________

Specify the type and quantity of the fireworks/pyrotechnics to be used and the sequence of the discharge/shooting:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Estimated duration of the display: ____________________________________________

Specify any safety precautions to be taken: ____________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Section IV

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: _________________________

Location of the nearest fire station: ____________________________________________

Name and location of the nearest medical facility:

Name: ________________________________ Location: ____________________________
Section V

I certify under penalty of perjury that the foregoing information, which I have provided, is true and accurate to the best of my personal knowledge.

Applicant

______________________________

Date

______________________________

Date

Sworn to and subscribed before me this ______________________
day of ______________________

______________________________

Notary Public

My commission expires: ______________________________

______________________________

Notary Public

My commission expires: ______________________________
Section VI

FIRE DEPARTMENT COMMENTS: (Note: To be completed by the local fire department representing, the district in which the discharge will take place).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Recommendation:

Approve: ________________  Disapprove: __________

Chief's Signature: _____________________________  Date: _______ / _____

Section VII

FOR OFFICE USE ONLY

FIRE MARSHAL COMMENTS: ____________________________________________
________________________________________________________________________
________________________________________________________________________

FINAL APPROVAL:  Approved: _________  Disapproved: __________

Conditional approval and/or special conditions: _______________________________
________________________________________________________________________

Fire/Rescue Signature: _____________________________  Date: _____ / ____ / _____

Section VIII

Fireworks Permit No. ________