

**TOWN OF MANLIUS**  
**APPLICATION for a FIREWORKS PERMIT**  
**Town Code Chapter 69**  
**New York State Penal law Chapter 405**

Any person desiring to procure a permit to display "Fireworks" shall file this written application with the Town Clerk.

A) Date of Application \_\_\_\_\_

Name of Applicant Organization \_\_\_\_\_

Name of Person Applying \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone \_\_\_\_\_

B) Date of Display \_\_\_\_\_ Time of Display \_\_\_\_\_

C) Location of Display \_\_\_\_\_

Description \_\_\_\_\_

D) Number of Fireworks \_\_\_\_\_

Kind of Fireworks: Aerial \_\_\_\_\_ Ground \_\_\_\_\_

E) Storage of Fireworks \_\_\_\_\_

F) Other pertinent Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permission of Property Owner: Sign \_\_\_\_\_ Date \_\_\_\_\_

G) Point of discharge pursuant to Section 462 of the State Labor Law.

Two operators over the age of 18 years, competent and physically fit for the tasks, shall be constantly on duty during the discharge.

Two fire extinguishers shall be “kept at as widely separated points as possible within the actual area of the display.”

H) Company performing the Display \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Company Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Person in charge of the display \_\_\_\_\_

Pyrotechnic Certificate Number \_\_\_\_\_

Person firing the Display \_\_\_\_\_ P.C.N. \_\_\_\_\_

Person firing the Display \_\_\_\_\_ P.C.N. \_\_\_\_\_

Person firing the Display \_\_\_\_\_ P.C.N. \_\_\_\_\_

Person firing the Display \_\_\_\_\_ P.C. N. \_\_\_\_\_

I) Diagram of the grounds showing point of discharge, buildings, roads, overhead wires and obstructions, trees and audience restraining line.

J) \_\_\_\_\_ Bond for a minimum of \$1,000.00  
\_\_\_\_\_ Town of Manlius named as additional insured  
\_\_\_\_\_ OR Indemnity Insurance Policy > \$1,000.00.

Attachments:

\_\_\_\_\_ Diagram of Grounds

\_\_\_\_\_ Liability Insurance Certificate

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Planning & Development Department only this section

K) Police Department has been notified: Yes \_\_\_\_\_ No \_\_\_\_\_

L) Fire Department has been notified: Yes \_\_\_\_\_ No \_\_\_\_\_

M) Town Code Enforcement Review: Name \_\_\_\_\_ Date \_\_\_\_\_

N) Town Board Approved: Date \_\_\_\_\_