



TOWN OF MOUNT HOPE, ORANGE COUNTY, N.Y.

FIREWORKS APPLICATION

Individual or Organization Name: _____

Mailing Address: _____

Telephone No. Day: _____ Evening: _____

Date of Request: _____ Rain Date: _____

Time of Use: _____ Supervisory Person: _____

Names of Operators: _____

Number of Fireworks to be Discharged: _____

Type of Fireworks to be Discharged: _____

Proposed Storage of Fireworks Prior to Display: _____

Applicant must also attach the following information to this application:

1. A diagram, with distances shown in feet, of the grounds on which the fireworks display is to be held showing the point at which the fireworks are to be discharged, the location of all buildings, highways, and other lines of communication, the lines behind which the audience will be restrained and the location of all nearby trees, telegraph or telephone lines or other overhead obstructions.
2. A copy of the appropriate licenses required by New York State to operate the display including, but not limited to:
 - i. A copy of the operator's United States Department of Transportation hazardous material certificate of registration,
 - ii. A copy of the operator's United States Treasury Department, Bureau of Alcohol, Tobacco and Firearms explosives permit,
 - iii. A copy of the operator's New York State Department of Labor, Division of Safety and Health license to deal in or manufacture explosive, and
 - iv. Copies of the licenses of the individual assistants who will assist the operator in execution of the fireworks display.
3. A photocopy of relevant licenses to deal in explosives, issued by the New York State Department of Labor.
4. A copy of the promoter's or sponsor's insurance with the Town of Mount Hope named as an additional insured.
5. A fully explained plan for the setup of the display, cleanup of the display, and an emergency plan in the event of an emergency related to the display.

Indemnification Agreement:

It is hereby stipulated that the undersigned hereby agrees to defend, indemnify and hold harmless the Town of Mount Hope, its officers, employees, agents, servants and assigns from all acts of the undersigned, guests and/or spectators of the undersigned or for any claim associated therewith. Additionally, the Town of Mount Hope requires the undersigned to obtain insurance, at no cost to the

Town, providing coverage and amounts deemed acceptable by the Town of Mount Hope and to name the Town as the insured on said insurance.

Print Name: _____

Signed: _____ Date: _____

Official Use Only

Application Received: _____ Insurance Certificate Received: _____

Approved: _____ Date: _____

Dated: _____

Applicant