



## FIREWORKS DISPLAY APPLICATION

Name of Body Sponsoring Display: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Location of Display: \_\_\_\_\_

Date of Display: \_\_\_\_\_ Time of Display: \_\_\_\_\_

Will the display include ground display pieces? \_\_\_\_\_

Distance from display pieces or shells to the spectator viewing area: \_\_\_\_\_

What fire protection will the applicant and/or sponsor provide? \_\_\_\_\_

Name of fireworks provider/operator: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Amount of Insurance Bond: \$ \_\_\_\_\_

**INCLUDE CERTIFICATE OF INSURANCE – YOU MUST INFORM THE FIREWORKS PROVIDER THAT THE TOWN OF OGDEN HAS TO BE LISTED AS AN ADDITIONAL INSURED ON THEIR INSURANCE POLICY**

Name(s) of person(s) who will be discharging fireworks & experience with fireworks:

Name \_\_\_\_\_ Age \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Number of shells to be fired, and the diameter, in inches, of the largest aerial shell to be fired: \_\_\_\_\_

Manner and Place of storage of fireworks prior to display: \_\_\_\_\_

Monitors must be located around the display to enforce crowd control and prevent spectators or any other unauthorized persons from entering the discharge site. They should wear some distinctive identification, e.g., badges, brightly colored vests, etc.

How many monitors will be present during the display: \_\_\_\_\_

What means will be used to establish a secured boundary that limits the distance from the viewing area to the fireworks: \_\_\_\_\_

Show diagram of grounds **in detail** using a separate 8½” by 11” sheet of paper including the point at which fireworks will be discharged, location of buildings, highways, the specific area for parking, the specific area for audience viewing, location of all nearby trees, telephone lines, other overhead obstructions and the fallout area (the fireworks company can provide this to you).

Sworn to me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant