

FORM A
APPLICATION FOR PERMIT TO HOLD A FIREWORKS DISPLAY

DATE OF APPLICATION:	
NAME OF ORGANIZATION SPONSORING DISPLAY:	
DATE OF DISPLAY:	TIME: A.M. or P.M.
EXACT LOCATION OF DISPLAY:	
NAMES, AGES AND ADDRESSES OF PERSONS WHO ARE TO SET OFF FIREWORKS: <i>(AT LEAST TWO PERSONS, 21 YEARS OF AGE OR OVER)</i>	
NUMBER AND KIND OF FIREWORKS TO BE DISCHARGED:	
MANNER AND PLACE OF STORAGE OF FIREWORKS PRIOR TO DISPLAY:	
_____ DATE	_____ SIGNATURE OF APPLICANT
<i>FOR OFFICE USE ONLY:</i> I HEREBY ENDORSE THE FOREGOING PROPOSED FIREWORKS DISPLAY.	
_____ DATE	_____ DIRECTOR OR DESIGNATE