

Township of Harrison

APPLICATION for a Permitted Fireworks Display

Full Name _____ DOB _____

Address _____ Phone _____

Purpose of Display _____

Types & Amount of Fireworks to be displayed _____

Display Address _____ Property Owner _____

Specific Launching Location _____

Proposed Date of Display _____ Start Time _____ to: End Time _____

Name of Licensed Pyrotechnic _____ Registration # _____

Pyrotechnic Affiliated Company if applicable _____

_____ Attached to application is a copy of a valid certificate of the licensed pyrotechnic operator who is registered with the Office of the PA Attorney General. This licensed operator shall handle, discharge and manage the display of consumer fireworks for the duration of this event.

_____ Attached to application is a certificate of liability insurance naming the Township of Harrison as an additional insured in an amount of not less than \$1,000,000.00

_____ Signature of Fire Marshall from respective fire district where display is proposed, deeming the location to, under anticipated circumstances, not be hazardous to property or endanger any person or persons. Capable fire suppression must be available on site.

I _____ release and forever discharge the Township of Harrison and its officials, employees or agents of any and all liability including claims for property damage or personal injury resulting from the use, storage or transportation of fireworks relative to all phases of my fireworks display. I accept full responsibility and liability for any personal or property damage due to the use, storage or transportation of consumer fireworks and recognize I must ensure due diligence and utmost safety for all persons and property during all stages of this event/fireworks display. I have read the regulations and procedures attached to the application and have met or exceeded the requirements for consideration and shall in furtherance fulfill all requirements if granted a permit to display fireworks. I acknowledge the Township Board of Commissioners may in their sole discretion, either accept or reject this application.

_____ Signature of Applicant _____ Date of Application