



ADDENDUM C

FIREWORKS PERMIT APPLICATION



Florence Fire Department
72 East First Street
P.O. Box 2670
Florence, Arizona 85132
Phone: (520) 868-7609
Fax: (520) 868-7644

APPLICATION FOR OUTDOOR DISPLAY OF FIREWORKS PERMIT

Date of Application _____
**Allow 10 business days from a complete submittal for review and comments

APPLICANT INFORMATION

Name of Applicant _____ **Date of Birth** _____
**Lead Pyrotechnic Operator

Permanent Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone () _____ **Work Phone** () _____

Local Address _____

24 Hour Emergency Phone Number () _____

Phoenix FD Shooters Card _____ **BATF Permit Number** _____
**Provide copies of each

DISPLAY SITE INFORMATION

Date of Display: _____ **Start Time:** _____ **End Time:** _____

Alternate Date: _____

Address/Location of Display _____
**Attach Site Plan

Expected Arrival Date of Fireworks to Site _____ **Time** _____

Name of Event _____

Description of Event _____

Property Owner Name _____
**Attach additional sheets if more than one property owner is involved, provide written permission, lease, etc.

Address _____

City _____ **State** _____ **Zip** _____

Phone () _____

SPONSOR INFORMATION

Corporate or Company Name _____

Contact Person _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

MONITOR COORDINATOR

Name _____ DOB _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

INSURANCE INFORMATION

Insurance Carrier _____ Policy Number _____

**Submit a copy of insurance certificate

Issue Date _____ Public Liability Amount **\$1,000,000**

**Minimum amount

FIREWORKS SUPPLIER

Company Name _____

**Supply copy of invoice—listing type, quantity and total weight

Address _____

City _____ State _____ Zip _____

Contact Person _____ 24 Hour Emergency Phone (____) _____

TRANSPORTATION OF FIREWORKS

Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ 24 Hour Emergency Phone (____) _____

Hazardous Materials Transportation Permit Number _____

**Provide Copy of Permit

Manner of Storage and Location of Display Fireworks Pre-Event _____

Manner of Storage and Location of Display Fireworks Post-Event _____

COMMUNICATIONS

Detail communication system for Monitors and Assistants _____

**Provide additional sheets if necessary

Emergency communication for Sponsor and Spectator Area _____

Reporting an emergency **911** _____ 24 Hour On Site Phone (____) _____

**All employees and agents to be trained

**Must be accessible to all employees and agents

ASSISTANTS, EMPLOYEES, MONITORS AND AGENTS

List Assistant(s) that will handle display fireworks—Must be 18 years old

Name _____ DOB _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Name _____ DOB _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Name _____ DOB _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

List monitors, employees, agents and additional assistants on the provided ATTACHMENT. A minimum of four Monitors is required and they must be at least 18 years old. List of additional assistants, monitors, employees and agents may be submitted on the day of event.

Failure to submit all information detailed in the Florence Fire Rescue Guidelines to obtain permit for outdoor fireworks display at the time of application will cause processing of the permit to be suspended or delayed.

ISSUANCE OF A PERMIT CONSTITUTES PERMISSION TO STORE, USE OR HANDLE, OR TO CONDUCT PROCESSES WHICH PRODUCE CONDITIONS HAZARDOUS TO LIFE OR PROPERTY. SUCH PERMISSION SHALL NOT BE CONSTRUED AS AUTHORITY TO VIOLATE, CANCEL OR SET ASIDE ANY PROVISIONS OF THE 2003 INTERNATIONAL FIRE CODE, NFPA STANDARDS, OR ANY OTHER APPLICABLE LAW OR REGULATION.

I have received a copy of, have read and understand FLORENCE FIRE RESCUE REQUIREMENTS TO OBTAIN PERMIT FOR OUTDOOR DISPLAY OF FIREWORKS, and agree to comply with all terms, provisions and conditions of the 2003 IFC, NFPA, as well as any other applicable Town, County or State regulations and Requirements.

Permit applicant agrees to carry out all aspects of the Outdoor Fireworks Display in compliance with the 2003 Uniform Fire Code and all other laws or regulations applicable thereto, whether specified or not, and in complete accordance with the approved plans and specification. Permits which purport to sanction violations of the 2003 Uniform Fire Code or any applicable law or regulation shall be void and approvals of plans and specifications in issuance of such permits shall likewise be void.

Signature of Applicant: _____ Date _____

Plans and Specifications Approved by Florence Fire Department

_____ Date _____
Plan Reviewer

ATTACHMENT

ASSISTANTS, EMPLOYEES, MONITORS AND AGENTS

LIST ASSISTANT(S) THAT WILL HANDLE DISPLAY FIREWORKS—Must be 18 years old

Name _____ DOB _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____

Name _____ DOB _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____

LIST MONITORS TO HANDLE CROWD CONTROL—Must be 18 years old

Name _____ DOB _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____

Name _____ DOB _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____

Name _____ DOB _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____

Name _____ DOB _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____

Name _____ DOB _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____

LIST OTHER EMPLOYEES OR AGENTS

Name _____ DOB _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____

Name _____ DOB _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____

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LIST OTHER EMPLOYEES OR AGENTS

Name _____ DOB _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Name _____ DOB _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____