

Fireworks Permit Application

Person / Organization Requesting Fireworks Permit

Applicant: _____

Organization: _____

Address: _____

City / State / Zip: _____

Contact Phone: _____ Fax: _____

Alternate Contact: _____ Contact Phone: _____

Event Details

Location of Event: _____ Date of Event: _____

Time of Event: _____ Length of Event: _____

Purpose of Display: _____

Number of Persons Expected to View Display: _____

Pyrotechnic Company

Company Name: _____

Address: _____

City / State / Zip: _____

Contact Person: _____ Contact Phone: _____

Lead Pyrotechnics Operator _____

Address: _____

City / State / Zip: _____

Contact Phone: _____

Number of pyrotechnics operators working the display: _____

Please return completed application to H.R. Coordinator Alice Runvik ARunvik@vbhpd.net.