



Application for Permit To Display and Use Fireworks

The Borough of Hollidaysburg

401 Blair Street, Hollidaysburg, PA 16648

www.hollidaysburgpa.org

(814) 696-7543

FAX: (814) 696-0636

TTY: (814) 696-0300

I. APPLICANT INFORMATION

Fireworks Operator:

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone:

Daytime: _____

Evening: _____

Fax: _____

E-Mail: _____

Insurance Company: _____

(Attach certificate of insurance)

References:

Name: _____

City, State, Zip: _____

Telephone: _____

Name: _____

City, State, Zip: _____

Telephone: _____

II. FIREWORKS DISPLAY INFORMATION

Display:

Date: _____

Time: _____

Location: _____

Description: _____

Types of Fireworks: _____

Site Plan: _____

(Attach Site Plan of area and setup)

III. APPLICANT AGREEMENT

I have read and fully understand the Borough of Hollidaysburg's Code of Ordinances regulating the display and use of fireworks within the Borough of Hollidaysburg. I agree to comply and be bound by all aspects of that ordinance. Additionally, I am aware of and agree to comply with all federal and state laws which regulate the use of fireworks. I assume sole responsibility for any personal or property damage due to the display of these fireworks

Applicant: _____
(Signature)

Date: _____

IV. BOROUGH AUTHORIZATION

Proof of Insurance Attached: _____

Bond Attached: _____

Permit Fees Paid \$ _____
(Event Fee)

Date Paid: _____ or

Permit Fees Paid \$ _____
(Annual Fee)

Date Paid: _____

Fire Marshall Review:

_____ I have reviewed the preceding application, references and accompanying fireworks display plan and recommend that the requested permit be issued for the fireworks display event listed.

_____ I have reviewed the preceding application, references and accompanying fireworks display plan and recommend that the requested permit not be issued for the fireworks display event listed. The permit should not be issued for the following reasons:

Fire Marshall _____
(Signature)

Date: _____

* * * * *

Permit Granted: _____

Permit Denied: _____

Borough Manager: _____
(Signature)

Date: _____