



**Superstition Fire & Medical District**  
FIRE PREVENTION BUREAU

**PERMIT APPLICATION for FIREWORKS DISPLAY**

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Date: \_\_\_\_\_

Application Made By: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Fireworks Display:**

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

**Pyrotechnics Supervision:**

Person Supervising Display: \_\_\_\_\_

License No.: \_\_\_\_\_ Expires: \_\_\_\_\_

Other Pyrotechnics Operators: \_\_\_\_\_  
(Attach separate sheet if necessary)

**Fireworks:**

Class: \_\_\_\_\_ No. of Set Pieces: \_\_\_\_\_ No. of Shells: \_\_\_\_\_

Additional: \_\_\_\_\_

Place of Storage (prior): \_\_\_\_\_ (during) \_\_\_\_\_

Manner of Storage (prior): \_\_\_\_\_ (during) \_\_\_\_\_

**Insurance:** (Proof of Insurance Must Be Provided)

Insurance Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

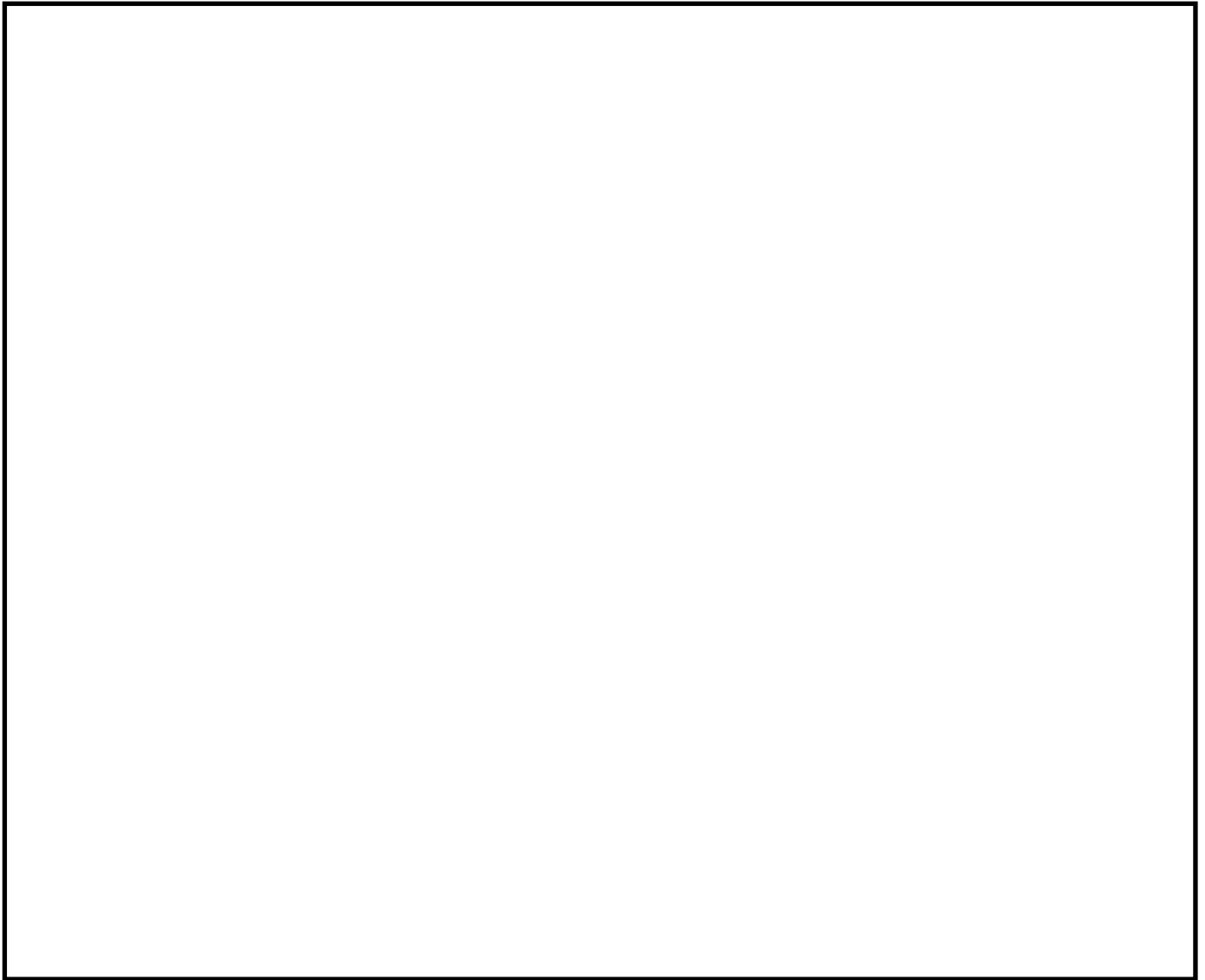
Agent: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**Fireworks Wholesaler:**

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagram of grounds on which the display is to be held (aerial preferred), showing the point at which the fireworks are to be discharged. Diagram should include buildings, roads, overhead wires, and any other possible obstructions. Please indicate where the public will be permitted during the display. Please include distances for all of the above.



A Fire Inspector shall make an on-site inspection of the grounds to determine the possible hazards prior to the issuance of a permit. A Fire District Representative shall be on stand-by at the site during the display. If at any time the Superstition Fire & Medical District considers the display to be a danger to life or property, the Fire District reserves the right to cancel, postpone, or modify the display as necessary to maintain a safe condition.

All fireworks shall be maintained in a safe and protected manner during transportation within the Fire District and upon delivery to the site of the display.

I certify that all information on this application is true and complete to the best of my knowledge.

Signed:\_\_\_\_\_Date:\_\_\_\_\_