

# Town of Union



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Code Enforcement / Permits Department (607) 786-2920

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Please complete this form, sign and submit to:  
Town of Union Code Enforcement/Permits Department  
3111 East Main Street  
Endwell, NY 13760  
Fax (607) 786-2320

## FIREWORKS PERMIT APPLICATION

1. Sponsoring organization: \_\_\_\_\_

2. Event Name: \_\_\_\_\_

3. Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Fireworks Company name: \_\_\_\_\_

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

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Location of proposed display: \_\_\_\_\_

6. Date of display: \_\_\_\_\_ Time: \_\_\_\_\_

7. Person actually in charge (on site):  
Include copy of certificate of competence:

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cert. No. \_\_\_\_\_

Assistants: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cert. No. \_\_\_\_\_

\_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cert. No. \_\_\_\_\_

\_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cert. No. \_\_\_\_\_

\_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cert. No. \_\_\_\_\_

\_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cert. No. \_\_\_\_\_

Qualifications/experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List all fireworks to be discharged under this permit:

\_\_\_\_\_

9. Type of storage prior to display: \_\_\_\_\_

\_\_\_\_\_

10. Attach an insurance certificate in the sum of \$2,000,000 for each incident, covering the Town of Union as an additional insured for the payment of all damages which may be caused by the reason the display so permitted. New York State requires proof of Worker’s Compensation and New York State Disability Benefits Law Coverage prior to issuance of permit.

11. Attach a diagram of the grounds on which the fireworks display will be held.

12. Sign the attached statement of understanding AND RETURN WITH APPLICATION.

13. APPLICATIONS SUBMITTED LESS THAN FIVE (5) BUSINESS DAYS BEFORE THE EVENT WILL NOT BE CONSIDERED.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Permit Fee: \$50.00

Fire Apparatus fee (if required): As determined by Fire Department

APPROVAL OF REQUESTS (for office use only)

Consent

\_\_\_\_\_  
Fire Department Name

YES NO

\_\_\_\_\_  
DCPW Codes & Ordinances

YES NO

\_\_\_\_\_  
Town Clerk

YES NO

## STATEMENT OF UNDERSTANDING

I, \_\_\_\_\_, understand and will comply with the  
rules and regulations governing fireworks displays and that the display on  
\_\_\_\_\_, for \_\_\_\_\_, at  
\_\_\_\_\_, will be done in accordance with these rules.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date