



**OFFICE OF THE FIRE MARSHAL**

VILLAGE OF SAG HARBOR  
 55 MAIN ST.  
 PO BOX 660  
 SAG HARBOR, N.Y. 11963  
 631-725-2804  
 631-725-4852 fax  
 FIREMARSHAL@SAGHARBOR.NY.GOV

**APPLICATION FOR FIREWORKS DISPLAY PERMIT**

EVENT SPONSOR	
NAME	_____
ADDRESS	_____
CITY/STATE/ZIP	_____
PHONE	_____

EXACT EVENT LOCATION	
LOCATION	_____
ADDRESS	_____
CITY/STATE/ZIP	SAG HARBOR, NY 11963
PHONE	_____

EVENT INFORMATION	
DATE AND TIME OF EVENT: _____	RAIN DATE AND TIME: _____
RESPONSIBLE PERSON <sup>1</sup>	OPERATOR <sup>2</sup>
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
PHONE _____	PHONE _____
	BATF EXPLOSIVES LICENSE/PERMIT # _____

LARGEST DIAMETER SHELL TO BE DISCHARGED:	NO. OF SHELLS TO BE DISCHARGED:	NUMBER OF MONITORS <sup>3</sup> :	NUMBER OF ASSISTANTS <sup>4</sup> :
SHELLS OVER 8" IN DIAMETER MUST BE FIRED ELECTRONICALLY FROM BEHIND A BARRICADE OR FROM A MINIMUM DISTANCE OF 75 FEET.		DISPLAY WILL BE FIRED: <input type="checkbox"/> MANUALLY <input type="checkbox"/> ELECTRONICALLY	

**ALL PERSONS SHALL HAVE PHOTO IDENTIFICATION ISSUED BY THE PYROTECHNIC COMPANY AND VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION**

<sup>1</sup>RESPONSIBLE PERSON: An individual who has the power to direct the management and policies of the operator pertaining to explosive materials.  
<sup>2</sup>OPERATOR: The person with overall responsibility for the safety, setup, and discharge of an outdoor fireworks display.  
<sup>3</sup>MONITOR: A person designated by the sponsors of the display whose sole responsibility is to keep the audience in the intended viewing area and out of the discharge site and fallout area.  
<sup>4</sup>ASSISTANT: A person who works under the direction of the operator to put on an outdoor fireworks display.

ASSISTANT NAME	
DATE OF BIRTH	
LICENSE NO.	
ASSISTANT NAME	
DATE OF BIRTH	
LICENSE NO.	
ASSISTANT NAME	
DATE OF BIRTH	
LICENSE NO.	

ASSISTANT NAME	
DATE OF BIRTH	
LICENSE NO.	
ASSISTANT NAME	
DATE OF BIRTH	
LICENSE NO.	
ASSISTANT NAME	
DATE OF BIRTH	
LICENSE NO.	

PLEASE INDICATE THE MANNER AND PLACE OF STORAGE OF SUCH FIREWORKS PRIOR TO DELIVERY TO THE OUTDOOR FIREWORKS DISPLAY SITE:

---



---



---

**ALL APPLICATIONS MUST BE SUBMITTED 30 DAYS PRIOR TO DATE OF DISPLAY**

CHECK BOXES NEXT TO ITEMS SUBMITTED WITH THIS APPLICATION:

- DIAGRAM OF THE GROUNDS, DEPICTING WHERE FIREWORKS ARE TO BE DISCHARGED, LOCATION OF ALL BUILDINGS, HIGHWAYS AND OTHER LINES OF COMMUNICATION, THE LINES BEHIND WHICH THE AUDIENCE IS TO BE RESTRAINED, AND THE LOCATION OF OTHER POSSIBLE OVERHEAD OBSTRUCTIONS
- SCHEDULE OF TYPE, QUANTITY AND SIZE OF ALL SHELLS TO BE DISCHARGED
- PROOF OF LIABILITY INSURANCE FROM THE SPONSOR
- PROOF OF LIABILITY INSURANCE FROM THE EMPLOYER
- PROOF OF WORKMAN'S COMPENSATION FROM THE EMPLOYER
- PROOF OF DISABILITY INSURANCE FROM THE EMPLOYER

**IF ALL BOXES ARE NOT CHECKED THIS APPLICATION IS INCOMPLETE**

<b>DISPLAYS SHALL COMPLY WITH PL 405 AND NFPA 1123</b>			
EVENT SPONSOR		PYROTECHNIC CONTRACTOR	
SIGNATURE:		SIGNATURE:	
NAME:		NAME:	
DATE:		DATE:	

DEPARTMENT USE ONLY	FIRE CHIEF <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	FIRE MARSHAL <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
---------------------	---	---	--