

TOWN OF ALBURGH – FIREWORKS PERMIT

NAME OF APPLICANT: _____ DATE OF BIRTH: _____ HOME PHONE: _____
APPLICANT'S ADDRESS: _____ APPLICATION DATE: _____
DATE OF DISPLAY: _____ START TIME: _____ PM END TIME: _____ PM RAIN DATE: _____
LOCATION OF THE DISPLAY: _____

Note: Fireworks are NOT permitted within the Village of Alburgh per the village trustees.

ATTACH CERTIFICATE OF INSURANCE WITH LIMITS OF \$1,000,000 PER OCCURRENCE / \$2,000,000 GENERAL AGGREGATE NAMING TOWN OF ALBURGH & ALBURG VOLUNTEER FIRE DEPARTMENT, INC. AS ADDITIONAL INSURED.

NAME OF COMPETENT PERSON RESPONSIBLE FOR SETTING OFF FIREWORKS: _____
ADDRESS: _____ DATE OF BIRTH: _____ TELEPHONE: _____

SUPPLIER OF FIREWORKS: _____ DATE OF PURCHASE: _____
FIREWORKS STORAGE LOCATION PRIOR TO DISPLAY, IF NOT AT THE LOCATION OF THE DISPLAY: _____

List of types of fireworks to be used must be attached. Only 1.4G and 1.3G fireworks up to and including 5 (Five) inches but excluding salutes of any size will be permitted. Manufacturer and model number of electronic firing system (if any) must also be provided.

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|--|-----|----|
| 1. Did you purchase fireworks in Vermont? | YES | NO |
| 2. Do you own the storage and display property? | YES | NO |
| 3. Do you have liability insurance? | YES | NO |
| 4. Have you been convicted of a crime involving explosive devices or firearms? | YES | NO |

** If you answered "NO" to any of the first three and/or "YES" to the fourth question your permit will be denied.

Terms and Conditions of Permit (check that you have read and understand):

- This permit will expire at 11 PM on the "Rain Date" listed above.
- Applicant agrees that display will be conducted in accordance with Town of Alburgh noise ordinance.
- Applicant must dispose of any unused product within 72 hours of the event.
- The Applicant certifies the fireworks display area is 500 feet from the nearest residence and has attached a site plan diagram including locations of livestock within 1,500 yards of proposed site.
- Any Fire Officer, Law Enforcement Officer or Select Board Member has the authority to **VOID** this permit for unsafe operation or inaccurate information on this permit.
- Applicant agrees to notify Shelburne Dispatch at 802-985-8051 immediately before the display begins.
- This permit authorizes possession and use of fireworks solely for the use of the applicant specified herein, and is not transferable.
- The applicant assures that all information stated above and provided to the town and its agents is truthful and accurate.
- The applicant hereby indemnifies the fire department and town and their agents from any liability associated with the use of fireworks and has attached a certificate of insurance as specified above.
- Applicant acknowledges that if fireworks are to be displayed over Lake Champlain a Marine Event Application must be submitted to USGC and notification must be made to USCG Waterways at (207) 808-9137 at least 8 hours prior to display.
- The applicant acknowledges that additional State and Federal permits may be required to display fireworks.

I certify that _____ is competent to use consumer grade fireworks and that (s)he will use them in a safe and thoughtful manner as authorized in this permit and in accordance with NFPA 1123. Application for permits shall be made, in writing, at least 15 days in advance of the date of the display.

(Applicant Signature) Date

Print Name: _____

Approved By:

Fire Chief Date

Grand Isle Sheriff Date