



**TOWN OF FITZWILLIAM
FIREWORKS PERMIT APPLICATION**

In accordance with the Town of Fitzwilliam Fireworks Sale and Display policy, I hereby make application for the display of fireworks for the purpose of amusement and entertainment. If this display is presented to the general public I must furnish with this application proof of insurance for accident and liability.
In order for a fireworks display permit to be granted it must be approved by the Police Chief, Board of Firewards, and the Board of Selectmen, no less than 15 days prior to the event.

APPLICATION:

Full Name: _____ Address: _____

Display Date: _____ Location of Display: _____

Time: (begin) _____ (end) _____

Person(s) setting off display: _____

Amount of fireworks ignited: _____

Type of fireworks ignited: (color, report, both) _____

Signature: _____ Date: _____

=====

TO BE FILLED OUT BY OFFICIALS

Safety Precautions:

Safe ignition area _____ Fire prevention _____

Safe viewing area _____ Injury protocol _____

On _____ this application was reviewed with the applicant and is approved/denied.

Approved/Denied

Chief of Police

On _____ this application was reviewed with the applicant and is approved/denied.

Board of Firewards/Member

On _____ this application was reviewed with the applicant and is approved/denied.

Board of Selectmen
