

WARRIORS MARK TOWNSHIP APPLICATION FOR FIREWORKS PERMIT

I. Applicant Information:

A. Name of Applicant: _____

B. Address of Applicant: _____

Street Name or No., or P.O. Box No.

City

State

Zip Code

NOTE: The term "Applicant", as used herein, means the owner of the Property from which the fireworks will be detonated. If more than one person or entity owns said Property, then the name and address of each and every owner shall be provided herein and each and every owner shall sign this Application. Additional information can be provided on a separate sheet of paper.

C. Address of property on which fireworks will be detonated, if different from the address for Applicant(s) provided above:

Street Name or No., or P.O. Box No.

City

State

Zip Code

NOTE: if there is no address for said Property, please use the applicable tax parcel number.

Proof of ownership of the Property from which the fireworks will be detonated (in the form of the most recent deed for said Property) must be submitted with this Application.

D. Applicant's Telephone No. _____

E. If Applicant is not a living person, but instead is a business or other type of entity, please state the type of entity that Applicant is (for example, corporation, partnership, etc.) and the state where the Applicant was created.

II. Operator Information:

A. Name of Operator: _____

B. Address of Operator: _____

Street Name or No., or P.O. Box No.

City

State and Zip Code

Operator's Telephone No. _____

- C. Please detail the experience of the Operator in the public display of fireworks, including the number of firework displays conducted by said Operator, any educational degrees, courses, or other training with respect to the handling and display of fireworks and/or explosives, and any license held by the operator. (Please use an additional sheet(s) if necessary and attach it to this Application.)

- D. Please state whether the Operator has been licensed by any governmental or private unit at any point in the past with respect to the public display of fireworks. If the Operator has been licensed, please provide the names, addresses and phone numbers of the governmental and/or private units with whom Operator is or has in the past been licensed.

- E. Please provide as references, the names, addresses and current phone numbers of at least two persons for whom Operator has conducted a public display of fireworks in the past two years.

- F. At any previous display of fireworks conducted and/or supervised by the Operator, has any injury occurred to any persons and/or property as a result of said fireworks display?

If the answer is "yes," please provide details as to how the incident occurred, the extent of the injuries, the amount of property damage, and all other pertinent details. Use additional sheets of paper and attach the same to this Application, if necessary.

- G. Please state the proposed date, time, and proposed location of the display, and state

the estimated length of the display, the approximate number of charges to be detonated, and the type of charges to be detonated (i.e. Class B or Class C).

J. Although Section 10 of the Township's Fireworks Resolution (Resolution No. 2016-09), provides for a bond /insurance of anywhere from \$500 to One Million Dollars or more, you are hereby notified that in practically all situations, a bond or insurance policy of One Million Dollars will be required for your fireworks event.

By affixing my/our signatures below, I/We hereby certify that the averments of fact made in this application and any documents attached to this application are true and correct to the best of my/our knowledge, information and belief. I/We understand that false statements herein are made subject to penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities. Applicant AND, if Applicant is an entity, the person signing this Application on behalf of Applicant shall be liable for any misstatements and/or inaccuracies appearing in the answers to this Application and for any material omissions in the answers to this Application.

If Applicant is an individual, complete Section A, below. If Applicant is an entity, complete Section B below.

A. This Section A is to be completed if Applicant is an individual.

Witness:

Applicant's signature

DATED: _____

Witness:

Operator's signature

DATED: _____

B. This Section B is to be completed if Applicant is an entity.

(Print Applicant's Name on this line)

Witness:

(Name and position of person signing for Applicant)

DATED: _____

Witness:

Operator's signature

DATED: _____

After this Application has been fully completed, please submit this Application to the Township Secretary (P.O. Box 114, Warriors Mark, PA 16877; phone (814) 632-7223; email: wrmrtp@windstream.net), who will review the same for completeness. To the extent that the Township determines that additional information is required, the Township Secretary or another Township representative will contact the Applicant and ask for information. In such cases, the Township will not take any action on the Application until after the additional information has been provided.

If the Application is approved, a permit will be given to the Applicant, who will be responsible for obtaining on the permit, the signature of the Applicant as well as the signature of the Operator. After the signed permit is returned to the Township, the Fire Chief will sign the permit, if, after inspecting the property on which the fireworks are to be detonated, he believes that the fireworks can be detonated without danger to the public health, safety and welfare of Township residents. After the Fire Chief signs the permit, the Township secretary will sign and seal the permit and give the permit to the Applicant. NO PERMIT SHALL BE VALID UNLESS AND UNTIL THE SIGNATURES OF THE APPLICANT, THE OPERATOR, THE FIRE CHIEF AND THE TOWNSHIP SECRETARY HAVE BEEN AFFIXED TO THE PERMIT, UNTIL THE TOWNSHIP SEAL HAS BEEN AFFIXED TO THE PERMIT, UNTIL APPLICANT HAS GIVEN THE REQUISITE BOND/INSURANCE POLICY TO THE TOWNSHIP, AND UNTIL THE PERMIT HAS BEEN GIVEN TO THE APPLICANT. THE ORIGINAL PERMIT SHALL BE KEPT BY THE TOWNSHIP AND A COPY OF THE PERMIT SHALL BE GIVEN TO APPLICANT.

If it is determined by the Township or any of its authorized representatives after the permit has been issued that conditions at the detonation site are such that the fireworks cannot be detonated safely, the Township reserves the right to revoke the permit. As an example, if a permit is obtained and issued well in advance of the date of the detonation of the fireworks, and if there is a drought or other condition such as high winds which would or reasonably could endanger the public health, safety or welfare if fireworks are detonated, the Township may revoke the permit.