

**APPLICATION FOR PERMIT TO CONDUCT PUBLIC
FIREWORKS DISPLAY, PYROTECHNICS, OR FLAME
EFFECTS BEFORE AN AUDIENCE**

Name of applicant: _____

Address: _____

Phone: _____

Information about Pyrotechnician / Qualified Operators

1. Name: _____

Photo Identification: _____

Date of Birth: _____

Social Security Number: _____

Department of ATF Certificate copy and number: _____

Copy of Certificate or License from NYS Dept. of Labor, Division of Safety and Health:

2. Name: _____

Photo Identification: _____

Date of Birth: _____

Social Security Number: _____

Department of ATF Certificate copy and number: _____

Copy of Certificate or License from NYS Dept. of Labor, Division of Safety and Health:

Diagram of the grounds or facilities where display will be held:

Flame Effects:

Type of Flame Effects

- Automatic
- Manual
- Portable

Flame Effect System

Flame Effect Group

- Group I
- Group II
- Group III
- Group IV
- Group V
- Group VI
- Group VII

Flame Effect Control System

All flame effect control systems shall be designed and installed to prevent accidental firing and unintentional release of fuel.

Flame Effect Control System: _____

Permit Fee Received: YES: _____ NO: _____

Proof of Insurance and Certificates Received: YES: _____ NO: _____

Date Inspection by Fire Department Completed: _____

Date of Pyrotechnics testing for Fire Department and Police Department: _____

FOR OFFICE USE ONLY

PRELIMINARY APPROVAL

Fire Investigation Bureau
City of Syracuse

Date

Syracuse Police Bomb Squad

Date

FINAL APPROVAL

Chief of Fire
City of Syracuse

Date

Chief of Police
City of Syracuse

Date