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

Name (	of applicant:
Addres	ss:
none:	5
nform	ation 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:

Scheduled Time:
Scheduled Time:
Exact location planned for the show/display:
No observation of Control of the con
Number and kinds of fireworks, pyrotechnics, or flame effects to be displayed/discharged:

Manner and place of storage of fireworks, pyrotechnics, flammable or combustible solids, liquids, or						
gasses before display:						

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

Flame Effects:					
Type of Flame Effects					
o Automatic					
o Manual					
o Portable					
Flame Effect System					
Flame Effect Group					
o Group I					
o Group II					
o Group III					
o Group IV					
o Group V					
o Group VI					
o 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:					

All Group II through Group VII flame effect control systems shall be designed to ensure against
accidental firing.
Any Group III, VI, or VII flame effect control systems shall not be left unattended while connected to a
fuel source.
Description of Flame Effect:
Description of Hame Effect.
<del></del>
Fuels to be used with estimated quantity and consumption:

Permit Fee Received:	YES:	NO:	
Proof of Insurance and Certificates Received:	YES:	NO:	
Date Inspection by Fire Department Complete	d:		
Date of Pyrotechnics testing for Fire Departme	ent and Police Department	:	
FOR (	OFFICE USE ONLY		
PRELIMINARY APPROVAL			
Fire Investigation Bureau  City of Syracuse	Date		
Control Dellas Bank Control			
Syracuse Police Bomb Squad	Date		
FINAL APPROVAL			
Chief of Fire	Date		
City of Syracuse			
Chief of Police	Date		

City of Syracuse