



THE BOROUGH OF BEAVER

Application For Fireworks Display Permit Application

469 Third Street, Beaver, PA 1500

www.beaverpa.us

Phone: 724-773-6700 Fax: 724-773-6711

beaverborough@comcast.net

Today's Date: _____ Date Requested: _____ Actual times of event: _____

Type of Event: _____

Name of Organization: _____

Applicant Name: _____

Address: _____

Phone: _____ Alternate phone: _____

Email Address: _____

Number of People Expected: _____ Start Time/End Time of Fireworks: _____

Display Location: _____

Signature of Fire Chief Approval of Display Location: _____ Date: _____

Types and Quantity of Fireworks to be Displayed: _____

Person/Organization Performing the Display: _____

Lead Operator: _____ Support Operator(s): _____

Address: _____

Phone: _____ Alternate phone: _____

Day of Phone #: _____ Email Address: _____

Please attach the following:

1. Certificate of Insurance for at least \$1,000,000 - certificate holder - Beaver Borough, 469 3rd Street, Beaver, PA
2. Bond for a minimum of \$50,000
3. Copy of license/permit for the Operator
4. Site/Safety Plan - Showing location, audience/crowd distances, safety checklist
5. \$100 Fee - Payable to Beaver Borough
6. Arrangements for the fire department/EMS/police department to be available for the display

I acknowledge that the information provided in this application is true and correct. I further declare that I have read the rules and regulation which concern public display of fireworks in the sate of Pennsylvania and will abide by the contents therein.

Signature of Applicant: _____

Date: _____

Approval by Borough Manager: _____

Date: _____