

Name

Address

NORTHERN ARIZONA FIRE DISTRICT

2600 E Northern Avenue, Kingman, AZ 86409 Administration Phone (928) 757-3151

FIREWORK & PYROTECHNIC USE PERMIT APPLICATION

Important: Completed applications must be received by the Northern Arizona Fire District fifteen (15) days prior to the date of the proposed display. Permit fee is \$50. Call 928-757-3151 the day prior for a final site inspection. Name of Sponsoring Organization: Contact Person E-mail Address Phone Number Name of Person Completing Application: ______ Address Phone Number E-mail Address Date of Display: _____ Time of Display: _____ to _____ Street Address of Display City State Zip Please attach the required copy of the certificate of insurance from an insurance company licensed to do business in the State of Arizona evidencing coverage for \$1,000,000.00 per occurrence, \$1,000,000.00 aggregate, and a \$4,000,000.00 umbrella. Please attach a Fireworks Display Site Map indicating the following: 1. North direction 5. Fire department access 2. Distance from firing area to impact/fallout area 6. Hydrants 3. Spectator location 7. Distance to structures 4. Storage area 8. Overhead lines **Public Display Operator:** Name Phone Number Age Cert# Address DL# **Operator Assistant #1:** (Minimum of one assistant is required for each display)

Cert#

DL#

Phone Number

Note: If additional assistants are to be used, please provide information on a separate sheet, and attach to application <u>before</u> submitting to the fire district.

GENERAL FIREWORKS:	Name of Wholesaler:		
Type of Fireworks	Quantity	Type of Fireworks	Quantity
SPECIAL EFFECTS FIREWORKS: Name of Wholesaler:			
Type of Fireworks	Quantity	Type of Fireworks	Quantity
Show to be fired (check one):	Manually	Electronically	
Describe storage of firewarks prior	to display include l	ocation	
Describe storage of fireworks prior	to display, include i	ocation.	
Disposition of fireworks that remai	n unfired after the	anclusion of the display	
Disposition of meworks that remai	ir ullilled after the c	officiasion of the display.	
Please attach a timetable of operat	tions: When the tru	ck will arrive in town, set up time,	time of live load,
etc.			
Signature of Applicant:		Date:	
Final approval to operate and displ	ay will be based on j	avorable field conditions and any	county and/or
state stipulations in place.			
Check one: Approve	d Disa	pproved	
		•	
Reason for Disapproval.			
Inspector's Signature:		Date:	
Inspector's Name & Title:			

APPLICATION FOR FIREWORKS DISPLAY

APPLICATION is hereby ma	de for the granting o	f a permit to conduct a supervised fireworks display.
Date of Event:		
Location:		
Applicant:		
Company:		
Address:		
Telephone:		
	ent person to direct t	esponsible for the acts performed thereby; and states that this display in such manner that it will not be hazardous to
	(Dire	ector of Display)
	APPROVAL OF FIRE	WORKS DISPLAY BY FIRE CHIEF
= :		handling of the display described by the applicant and he display to be satisfactory and found the applicant to be
		(Signature)
	APPROVAL BY PER	SON IN CHARGE OF PREMISES
		(Signature)
	FIREWOI	RKS DISPLAY PERMIT
· · ·		ersigned pursuant to Section 36-1603, A.R.S., 1956, and same having been approved by the Fire Chief.
Permission is hereby grant	ed to conduct a firew	vorks display.
In the event of postponem specified above.	ent of said show, said	d display to be given not later than one week from date
Bond Approved:		Mohave County Board of Supervisors Approved:
Mohave Coun	zy Risk Management	Chairman – Board of Supervisors
 Date		 Date

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