



Fireworks Discharge Permit Application

ITEMS REQUIRED:

1. All blanks must be completed on the application.
2. The permit holder is required to obtain liability insurance in an amount sufficient to cover the claims of any person(s) who may be injured or otherwise damaged as a result of the display. The insurance must name Eagle River Fire as an additional insured and a copy of the certificate of insurance evidencing the coverage must accompany the application.
3. Include a detailed site plan indicating the discharge, storage location and distances.
4. Include the manufacturer's technical data sheet of each type of pyrotechnics to be discharged.
5. For fireworks stored in a large magazine in a location that is permanent ensure that the manufacturer's technical data sheets are located inside and at a remote secure location.

THE FIREWORKS PERMIT MUST BE ON SITE DURING THE DISCHARGE OF THE PYROTECHNICS.

Permit Fee: \$200.00 per location which includes an inspection.

Permit applications including the check and site plan are required to be submitted with this application and may be submitted in person or mailed to:

Eagle River Fire Protection
District Prevention Bureau
PO Box 2942,
1050 Edwards Village Blvd
Edwards, CO 81632

Office hours: Mon – Thurs: 9am – 4pm.

Fri and after hours: By appointment only.

Availability of prevention personnel being in the office during regularly scheduled hours is subject to inspection schedules, meetings, trainings, or any other fire prevention duty as assigned.

EVENT NAME & LOCATION:

APPLICANT INFORMATION:

(Note: The applicant is the person, group, corporation, association, or other entity sponsoring, holding or primarily responsible for the event or enterprise for which this permit is requested.)

Name: _____ Cell: _____

Address: _____

Email: _____

For a corporate applicant, indicate the name and address of the registered agent for service of process:

Name: _____

Address: _____

President or CEO: _____

Indicate whether the applicant is or will be insured with respect to the discharge of fireworks/pyrotechnics: YES NO

IF covered, specify the source, amount and coverage period of insurance:

Source: _____ Amount: \$ _____

Coverage Period: _____

DISPLAY OPERATOR INFORMATION:

(Note: This is to be completed by the individual who will shoot and/or discharge the fireworks or pyrotechnics.)

Name: _____ Cell: _____

Email: _____

Display Operator Permit number: _____

Bureau of ATF permit/license type and number: _____

Specify Pyro technicians training and experience: _____

Indicate whether the technician is or will be insured with respect to the discharge of fireworks/pyrotechnics: YES NO

IF covered, specify the source, amount and coverage period of insurance:

Source: _____ Amount: \$ _____

Coverage
Period: _____

Assistant Display Operators: _____ Permit #: _____

_____ Permit #: _____

_____ Permit #: _____

On-site Assistants: _____

DISPLAY INFORMATION:

(Note: Indicate who provided this information)

Applicant: Technician: Both:

Indicate the type of display event:

Exhibition: Carnival: Fair:

Proposed day and time of the event:

(Note: Only one permit application required per location. List dates and times for multiple discharges from the same location in the notes section of this application)

Date: _____ Time: _____ AM/PM Display Duration: _____

Proposed location or site: _____

Location where fireworks will be stored on site prior to the event:

Specify the type and quantity of the fireworks/pyrotechnics to be used and the sequence of the discharge/shooting:

Specify any safety precautions to be taken: _____

Specify how fallout area will be inspected for unexploded or live components (This inspection shall be conducted prior to any public access): _____

PUBLIC SAFETY INFORMATION:

The display will occur within the Eagle River Fire Protection District

Location of nearest fire station: _____

Name and location of nearest medical facility:

Name: _____ Location: _____

SIGNATURES:

I certify under penalty of perjury that the foregoing information which I have provided is true and accurate to the best of my personal knowledge

Applicant

Display Operator

Date

Date

NOTES:

Additional dates and times for displays from the same location:

Date: _____	Time: _____	AM/PM	Display Duration: _____
Date: _____	Time: _____	AM/PM	Display Duration: _____
Date: _____	Time: _____	AM/PM	Display Duration: _____
Date: _____	Time: _____	AM/PM	Display Duration: _____
Date: _____	Time: _____	AM/PM	Display Duration: _____
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