

OFFICE OF THE CITY CLERK

ROME CITY HALL, 198 N. WASHINGTON ST. ROME, NEW YORK 13440-5815 TEL.: (315) 339-7659 FAX: (315) 838-1160 WWW.ROMENEWYORK.COM

FIREWORKS DISPLAY PERMIT APPLICATION

PLEASE PRINT OR TYPE. Answer all questions completely. Do not leave any question unanswered. Incomplete questions may result in a denial of license application. Falsification of any answers in this application shall result in the revocation of the "Fireworks display" Permit, forfeiture of any fees or bond, and potential criminal prosecution.

This application for a "FIREWORKS DISPLAY" Permit is made pursuant to the provisions of sections 270 and 405 of the Penal Law of the State of New York.

Name of Body/Organization:

Address:

SPONSORING BODY/ORGANIZATION

Phone:	Email:								
Type of Business/Organization	:								
Name of Contact Person:									
Address:									
Phone:	Email: _.								
Position/Title:			<u>-</u>						
BUSINESS/INDIV	IDUAL IN CHA	RGE OF THE FIR	ING OF THE DISPLAY						
Name of Business/Individual: _Address:									
Phone:	Email:								
Number of Years in Business:									
TYPE OF BUSINESS									
☐ Firm ☐ Partnership ☐ Other (specify):		•	1 1						
If a partnership, please list namsheets if necessary):	es and addresses	of all partners both g	eneral and limited (attach addit	tional					
NAME	${f A}$	DDRESS	TYPE (general or limite	ed)					
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If a corporation or association, please list names and addresses of all principal officers (attach additional sheets if necessary):

NAME		ADDRESS				
NAMES OF	INDIVIDIJA	LS TO BE ON SITE C	COORDINATING THE DISPLAY			
	II (DI) IDCIII	LS TO BE ON SITE C				
Name:			.			
Address:						
Date & Place of Birth:						
Years of Experience in						
			evoked or suspended at any time in the state			
of New York or any of	her state?	□ YES □ NO	If so, explain:			
Have you ever been in	volved in any i	ncident(s) of personal is	njury or property damage as a result of the			
use of pyrotechnics?						
use of pyroteenines.		п 50, скри				
Physical Description:						
Height:	Weight:	Age:				
Color Hair:	Build:	M/F:				
Name:						
Address:						
Date & Place of Birth:						
Pyrotechnics Certificat	_	-				
Years of Experience in						
			evoked or suspended at any time in the state			
of New York or any of	her state?	□ YES □ NO	If so, explain:			
Have you ever been in	volved in any i	ncident(s) of personal is	njury or property damage as a result of the			
		NO If so, explai				
use of pyrotechnics:		no ii so, expiai	11.			
Physical Description:						
Height:	Weight:	Age:				
Color Hair:	Build:					

Name:						
Address:						
Date & Place of Birth:						
Pyrotechnics Certificate of Competency: Years of Experience in Displaying Fireworks:						
Have you ever been involved in any incident(s) of personal injury or property damage as a result of the use of pyrotechnics? NO If so, explain:						
Physical Description: Height: Weight: Age: Color Hair: Build: M/F:						
FIREWORKS DISPLAY						
Date & Time of the Display:						
Exact Location of the Display:						
State the number and kind of fireworks to be discharged (be specific):						
Describe the manner and place of storage of such Fireworks prior to the display:						
-						
Projected length of time of display:						

Attach a diagram of the grounds on which the display is to be held showing the point at which the fireworks are to be discharged, the location of all buildings, highways and other lines of communication, the lines behind which the audience will be restrained and the location of all nearby trees, telegraph or telephone lines or other overhead obstructions.

INSURANCE COVERAGE

Applicant agrees that it will, at its own expense, at all times during the term of the permit, procure and maintain in force a policy of general liability insurance, written by one or more insurance carriers licensed to do business in the State of New York, and having offices within the State of New York, which will insure against any general liability arising from the activities which are the subject of this application.

The liability coverage of such insurance shall not be less than one million dollars (\$1,000,000.00), per occurrence, for bodily injury and death and property damage, and a minimum general aggregate coverage of two million dollars (\$2,000,000.00).

Applicant agrees to name *City of Rome* as an additional insured to said policy, and to provide the city with a certificate from said insurance company or companies showing *City of Rome* as an additional insured upon the issuance of the permit.

CONDITIONS

Please Note: Pursuant to Section 405 of the Penal Law of the State of New York, applicant must comply with and satisfy each and every condition set forth herein. Failure to abide by any of the terms shall result in the automatic revocation of the Firework Display Permit.

- 1. Actual point at which the fireworks are to be fired shall be at least two hundred feet (200') from the nearest permanent building, public highway or other means of travel and at least fifty feet (50') from nearest above ground telephone or telegraph line, tree or other overhead obstruction.
- 2. That the audience at such display shall be restrained behind lines at least one hundred and fifty feet (150') from the point at which the fireworks are discharged and only persons in active charge of the display shall be allowed inside these lines.
- 3. That all fireworks that fire a projectile will go into the air as nearly as possible in a vertical direction, unless such fireworks are to be fired from the shore of a lake or other large body of water, where they may be directed in such manner that the falling residue from the deflagration will fall into such lake or body of water.
- 4. That any fireworks that remain unfired after the display is concluded shall be immediately disposed of in a way safe for the particular type of fireworks remaining.
- 5. That no fireworks display shall be held during any wind storm in which the wind reaches a velocity of over thirty miles per hour.
- 6. That all the persons in actual charge of firing the fireworks shall be over the age of eighteen (18) years, competent and physically fit for the task.
- 7. That there shall be at least two (2) such operators constantly on duty during the discharge.
- 8. That at least two (2) portable fire extinguishers approved by the Rome Fire Department shall be kept at as widely separated points as possible within the actual area of the display.
- 9. At least five (5) days prior to any planned fireworks display, the permittee shall publish notice of the planned event, including time, date and expected duration, in a newspaper of general daily circulation in the City of Rome.

Note: The City of Rome, New York reserves the right to check and verify any and all information provided for the applicant herein. The Office of the City Clerk shall not issue a "Fireworks Display" Permit until such time as applicants' application has been certified by the Rome Police and Fire Departments. Applicant shall allow for a period of up to five (5) business days to complete this task.

SIGNATURE

I HEREBY CERTIFY THAT I HAVE READ THE FOREGOING APPLICATION AND AFFIRM THAT EVERY STATEMENT CONTAINED THEREIN IS TRUE AND CORRECT. I DO HEREBY AGREE, AS A CONDITION PRECEDENT TO THE RECEIVING OF SAID LICENSE, THAT THE LICENSE MAY AT ANY TIME, BE REVOKED OR SUSPENDED BY THE CITY OF ROME FOR ANY INFRACTION OF, OR FAILURE TO COMPLY WITH ALL RULES AND REGULATIONS OF THE CITY OF ROME, NEW YORK.

Signature		Date	
Subscribed and sworn to before me this	day of		
Notary Public/Commissioner of Deeds			

FOR INTERNAL USE ONLY

ROME FIRE DEPARTMENT VERIFICATION The proposed location of the fireworks display and all safety requirements mandated by law have been checked by the Rome Fire Department, and based upon the information provided, the permit is: □ APPROVED □ DISAPPROVED The applicant was not approved for the following reason(s): Title Signature Date ROME POLICE DEPARTMENT VERIFICATION The credentials of the applicant and the firework display company have been checked by the Rome Police Department, and based upon the information provided, the permit is: □ APPROVED □ DISAPPROVED The applicant was not approved for the following reason(s): Signature Title Date CITY CLERK LICENSING INFORMATION **Permit Fee:** \$250.00 Event Date(s): License No.: Amount Paid: Date Permit Issued: Date Permit Expires:

Date

City Clerk Signature