

**LOWER MILFORD TOWNSHIP
LEHIGH COUNTY, PENNSYLVANIA**

PUBLIC FIREWORKS DISPLAY

PERMIT APPLICATION

DATE _____

NAME OF ORGANIZATION _____

ADDRESS _____

PHONE _____

LOCATION OF FIREWORKS DISPLAY _____

DATE OF FIREWORKS DISPLAY _____ TIME _____

DURATION _____

NAME OF OPERATOR _____

ADDRESS _____

PHONE _____

LICENSE NO. _____

ATTACH A COPY OF THE OPERATOR'S LICENSE AND CERTIFICATE OF LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000 PER OCCURRENCE.

ATTACH STATEMENT BY THE LOWER MILFORD TWP. FIRE CHIEF STATING THE CHARACTER, LOCATION AND DISCHARGE OF THE FIREWORKS DISPLAY SHALL NOT BE A HAZARD TO PROPERTY OR ENDANGER ANY PERSON OR PERSONS.

NAME _____
(PRINT OR TYPE)

TITLE _____

SIGNATURE _____

PERMIT NUMBER _____

DATE ISSUED _____ /DENIED _____

SIGNATURE _____

TITLE _____