

CITY OF CHILLICOTHE
APPLICATION FOR FIREWORKS PYROTECHNIC DISPLAY LICENSE

DATE: _____

LIC.# _____

1. Name of Applicant: _____

2. Address of Applicant: _____

(Street)

(City)

(Zip)

3. Business Address: _____

(Street)

(City)

(Zip)

4. Home Telephone: _____ Cell #: _____ Business #: _____

5. Driver's License Number of Applicant: _____

6. Employers Name: _____

7. Employers Address: _____

8. Employers Telephone #: _____

9. Description of the proposed Pyrotechnic Display(s): _____

10. Location where Pyrotechnic Display(s) will be conducted: _____

11. Have you been charged or convicted of any violations of Federal, State, or Local Law, other than minor traffic violations or parking violations? Yes No

12. If yes, give date of violations(s), jurisdiction(s) and charge(s): _____

13. List the Licensed lead pyrotechnic operator who will be responsible for the Pyrotechnic display. _____

The undersigned hereby makes application for a Fireworks Pyrotechnic Display License within the City of Chillicothe.

Signature of Applicant

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Attach: Certificate of insurance general liability coverage \$1,000,000, workers compensation \$1,000,000  
Naming the City of Chillicothe additional insured.  
Fee of \$50.00 per display

Received: \_\_\_\_\_

\_\_\_\_\_ Check

\_\_\_\_\_ Cash

Approved: \_\_\_\_\_

Fire Chief