



## 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:**  
\$100.00 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 weekdays from 8:30 a.m. to 4:30 p.m., or mailed to:

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

### **For ERFPD use only**

Signature:	Date:
Processed by:	Permit:

**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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

