

# TOWN OF DICKINSON – FIREWORKS PERMIT APPLICATION



Code Enforcement: 153 Old Front Street Binghamton, NY 13905 Phone: 607-723-9401 Email: kdoyle@townofdickinson.com

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## Permit Number

1. Sponsoring organization: \_\_\_\_\_
2. Event Name: \_\_\_\_\_
3. Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Fireworks Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Location of proposed display: \_\_\_\_\_
6. Date of display: \_\_\_\_\_ Time: \_\_\_\_\_
7. Person actually in charge (onsite):  
Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Assistants: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cert No. \_\_\_\_\_  
                  \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cert No. \_\_\_\_\_  
                  \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cert No. \_\_\_\_\_  
                  \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cert No. \_\_\_\_\_  
                  \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cert No. \_\_\_\_\_

Qualifications/experience: \_\_\_\_\_

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8. List all fireworks to be discharged under this permit: \_\_\_\_\_
9. Type of storage prior to display: \_\_\_\_\_  
\_\_\_\_\_
10. Attach an insurance certificate in the sum of \$2,000,000 for each incident, covering the Town of Dickinson as an additional insured for the payment of all damages which may be caused by the reason the display so permitted. New York State requires proof of Worker's Compensation and New York State Disability Benefits Law Coverage prior to issuance of permit.

