



**Department of Public Safety
STATE FIRE MARSHAL'S OFFICE**

52 State House Station
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APPLICATION FOR OUTDOOR FIREWORKS DISPLAY

APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION BELOW

NAME OF SHOW: _____

NAME OF SPONSOR: _____ TELEPHONE: _____

SPONSOR MAILING ADDRESS: _____ TOWN: _____ STATE: _____ ZIP: _____

PRINTED NAME OF RESPONSIBLE PERSON: _____ TELEPHONE: _____

SIGNATURE OF PERSON RESPONSIBLE: _____ DATE: _____

LICENSED TECHNICIAN INFORMATION

NAME OF LICENSED TECHNICIAN FOR DISPLAY: _____ LICENSE #: _____

DRIVER'S LICENSE: _____ STATE: _____ TELEPHONE: _____ ENDORSEMENTS: _____

DISPLAY SITE INFORMATION

TOWN: _____ COUNTY: _____

PHYSICAL ADDRESS OF DISPLAY: _____

GPS COORDINATES (IF ADDRESS IS UNAVAILABLE): _____

SPECIFIC LOCATION OF DISPLAY: _____

CONTACT PERSON WHO KNOWS WHERE DISPLAY SITE WILL BE: _____ TELEPHONE: _____

NAME OF PROPERTY OWNER: _____ TELEPHONE: _____

SIGNATURE OF PROPERTY OWNER: _____ DATE: _____

THE APPLICATION SHALL BE ACCOMPANIED BY A CERTIFICATE OF INSURANCE, DISPLAY FEE OF \$141.00, AND AN ACCURATE AND DETAILED SITE DIAGRAM.

DIAGRAM SHALL CONTAIN THE FOLLOWING:

1. Discharge site
2. Spectator viewing area
3. Fallout area
4. All buildings in area
5. Accurate distances to all areas involved
6. If shooting from Barge – Mainland product transfer location. Date and time of product transfer: _____

DISPLAY INFORMATION

DATE OF DISPLAY: _____ TIME OF DISPLAY: _____ RAIN DATE: _____

LARGEST SHELL SIZE TO BE FIRED: _____ (ENTER SPECIFIC RAIN DATE)

NUMBER OF AERIAL SHELLS: _____ THIS SHOW IS: PUBLIC _____ PRIVATE _____

NUMBER OF GROUND PIECES: _____ COMPANY FURNISHING DISPLAY: _____

NUMBER OF CAKES & MAX. DIAMETER: _____ USER #: _____

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ DATE: _____

↓ DEPARTMENT OF PUBLIC SAFETY USE ONLY ↓

\$141.00 FEE REC'D	SENT TO INSPECTOR:	APPROVED BY:	PERMIT #:	<input type="checkbox"/> OK TO ISSUE <input type="checkbox"/> FAILED INSPECTION
DATE:	DATE:	DATE:	DATE:	

NOTES OR CONDITIONS: