

**APPLICATION FOR SOMERSET TOWNSHIP
FIREWORKS PERMIT**

DATE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE NO.: (_____) _____ ZIP _____

APPLICANT'S BIRTH DATE: _____

(ATTACH PROOF OF AGE)

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF THE FIREWORKS LAWS OF THE COMMONWEALTH OF PENNSYLVANIA?
 YES NO

IF YES, WHEN? _____

* * * * *

NAME OF LAND OWNER OF DISPLAY SITE: _____

ADDRESS: _____

PHONE NO.: (_____) _____ ZIP _____

ATTACH A STATEMENT FROM THE LAND OWNER GIVING HIS/HER PERMISSION TO THE APPLICANT TO CONDUCT A FIREWORKS DISPLAY ON HIS/HER LANDS.

* * * * *

NAME OF PERSON WHO WILL SUPERVISE THE DISPLAY: _____

ADDRESS: _____

PHONE NO.: (_____) _____ ZIP _____

* * * * *

NAME OF PERSON WHO IS LICENSED BY THE COMMONWEALTH OF PENNSYLVANIA TO DISPLAY FIREWORKS: _____

ADDRESS: _____

PHONE NO.: (_____) _____ ZIP _____

PA. LICENSE NO.: _____

EXPIRATION DATE: _____

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DATE OF DISPLAY: _____ TIME: _____

ALTERNATE DATE: _____ TIME: _____

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SITE OF DISPLAY:

DESCRIBE THE EXACT SITE OF THE DISPLAY. BE SPECIFIC. YOU MAY INCLUDE A SKETCH OF THE PROPOSED SITE.

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