



City of Port Orchard
 216 Prospect Street, Port Orchard, WA 98366
 (360) 876-4407 • FAX (360) 895-9029

FIREWORKS DISPLAY APPLICATION
(Port Orchard Municipal Code. 5.60)

City Business License # _____
 (Fireworks License cannot be issued unless your City Business License is current)

Firework Display Permit Fee \$100.00

Deposit \$50.00

 Name of Applicant Telephone Number

 Street Address City State Zip Code

 Sponsor Telephone Number

 Street Address City State Zip Code

 Name of Assistants Telephone Number

 Street Address City State Zip Code

 Name of Assistants Telephone Number

 Street Address City State Zip Code

 Date of Fireworks Display Location of Fireworks Display

 Starting Time Display Ending Time of Display

THE FOLLOWING MUST BE INCLUDED WITH THE APPLICATION:

- 1) Original Application for Public Fireworks Display Permit from Washington State Patrol;
- 2) A certificate of insurance for liability of not less than \$1,000,000 Liability; \$500,000 Bodily Injury; \$300,000 Property.
- 3) A map indicating fireworks fallout area;
- 4) Washington State Fireworks License for General Display
- 5) Washington State Fireworks License for Pyrotechnic Operator

Failure to provide any of the above information may result in a denial of the permit.

The following requirements apply to all permittee's engaged in Displays of Fireworks and license may be revoked for violation of any of these requirements:

- The applicant shall obtain a business license from the City;
- The location of the proposed place of business shall comply with all rules and regulations of the Port Orchard Municipal Code;
- If the applicant cleans up the debris before the tenth day of July each year, he/she shall be entitled to the return of his/her \$50.00 deposit; and
- Each permittee must obtain a permit from the Fire Authority.

Signature of Applicant: _____

Date: _____

Position: _____

NOTE: This section to be completed by City staff after application is submitted to the City Clerk.

Date Application Received: _____

Fireworks Display Permit No.: _____

Date Deposit Fee Paid: _____

Amount of Deposit received: _____

Date Fireworks Display Permit Fee Paid: _____

Amount of Fireworks Display Permit fee paid: _____

Receipt No: _____

Date received Certificate of Liability: _____

Date received original WSP application for public fireworks display: _____

Date received a map indicating fireworks fallout area: _____

Date received Washington State Fireworks License for General Display: _____

Date received Washington State Fireworks License for Pyrotechnic Operator: _____

Approved By _____

Patricia J. Kirkpatrick, City Clerk or designee

Date application given to Fire Authority: _____

Fire Authority Approval of refund of deposit ____ Yes

____ No If no, why: _____

Decision of City Council: ____ Approve ____ Disapprove

Date of Decision: _____

Conditions: _____

Date Deposit Returned: _____

Amount of Deposit Returned: _____