TOWN OF BARNET VT
BARNET FIRE DEPARTMENT
MUNICIPAL FIREWORKS DISPLAY PERMIT

SPONSORS OF THE DISPLAY: _____

NAME OF PERSON IN CHARGE OF DISPLAY: _____

DATE AND TIME OF DISPLAY: _____

LOCATION OF DISPLAY: _____

LOCATION OF STORAGE OF FIREWORKS IN THE MUNICIPALITY PRIOR TO DISPLAY, IF NOT AT THE LOCATION OF THE DISPLAY:

_____

_____

TERMS AND CONDITIONS:

1- Provide copy of contract with appropriate federally licensed contractor.
2- Provide proof of contractor's liability insurance.
3- Contractor to arrange for adequate fire and emergency medical Coverage at launch site.
4- Launch site to be secured at conclusion of event and not opened to Public until a daylight inspection and clean up has been completed. Must have procedures in place to handle any unexploded shells found During daylight inspection. (Describe on reverse)
5- Name of person responsible for Item #4 _____

Signature of sponsor's agent:

_____ Print Name: _____
(Signature) Title: _____
Tel. No.: _____

This permit authorizes possession and use of fireworks solely for the fireworks display specified herein, and is not transferable.

Signature of local official authorized to issue fireworks display permits:

_____ Print Name: Ronald L Morse
(Signature) Title: Fire Chief
Tel. No.: 802-633-3800