

KASSON TOWNSHIP
APPLICATION FOR PROFESSIONAL FIREWORKS DISPLAYS

Applicant Name: _____

Business Name: _____

Township Resident Agent: _____

Operator Name: _____

Competency or Qualifications: _____

Assistants' Names: _____

Display Location: _____

Display Date: _____

Display Start Time: _____

Display Finish Time: _____

Manner and Place of Storage of Fireworks Prior to Display:

Name of Bond or Insurance Company: _____

Address of Bond or Insurance Company: _____

Amount of Bond or Insurance: _____

Applicant Signature: _____

Date: _____

TOWNSHIP USE ONLY:

Date of Receipt: _____

Fee Paid/Date of Payment: _____

Board Presentation Date: _____

Result/Date of Result: _____