

CECIL TOWNSHIP

Information for Fireworks Display

All fireworks displays shall comply with NFPA 1123 / 1126

APPLICANT (Person or Company Requesting Show)

Name / Company: _____ Phone: _____

Address: _____ City: _____ St. ____ Zip. _____

Location of proposed display: _____

Date of display: _____ Approx. Time: _____

Contact Person: _____ Phone: _____

SHOOTERS INFORMATION

Name of Company: _____ Phone: _____

Address: _____ City: _____ St. ____ Zip. _____

Name of Shooter: _____ Phone: _____

Type of display: [] Aerial [] Proximate Outdoor [] Proximate Indoor [] Other (Explain)

Size of shells to be used: _____

Ground displays, if applicable: _____

Specialized equipment or other: _____

THE APPLICANT AGREES TO COMPLY WITH THE PROVISIONS OF ALL LAWS AND ORDINANCES, BOTH STATE AND LOCAL RELATING TO THE DISPLAY OF FIREWORKS IN CECIL TOWNSHIP. THE APPLICANT HEREBY CERTIFIES THAT THE FACTS AND REPRESENTATIONS PRESENTED IN THIS INFORMATION SHEET AND ACCOMPANYING DOCUMENTS ARE TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE, AND AGREES THAT ALL OFFICIAL NOTICES MAY BE MAILED TO HIM/HER AT THE ADDRESS ABOVE.

Signature of Applicant

Date
