



Gilford Fire-Rescue

(603) 527-4758

APPLICATION FOR PERMIT TO DISPLAY CLASS B SPECIAL FIRE WORKS

This PERMIT is issued and accepted on condition that all Ordinance provisions now adopted, or that may hereafter be adopted, shall be complied with.

Company Name: _____

Address: _____ Telephone: _____

Site Address: _____

Owner/Sponsor Name: _____ Address: _____

Telephone: _____ *Intended Date of Display: _____

Name	Address	Cell #
of Operator(s) who will fire off the display.		

Certificate of Competency	Date of Expiration

This PERMIT shall accompany the State of New Hampshire Application for Permit to Display Class B Fireworks with all signatures and information completed.

It is hereby expressly agreed that the applicant will comply with all requirements as prescribed in the Gilford Fire-Rescue Fire Prevention Code of the Town of Gilford pertaining to and governing such operations.

Applicant's Signature _____ Today's Date: _____

License # _____

Fire Department Use

Fee \$ **30.00** Check # _____ Staff Signature _____

***Date: Inspection will take place the day of the display**

_____ Site Inspection Date	Inspector/Disposition _____
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