

**FIREWORKS DISPLAY PERMIT**

Town of Galway  
5910 Sacandaga Road  
Galway, NY 12074  
518-882-6070 ext. 10

Ref. NY State Penal Law, Article 405.00

Application Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Group, Individual or Organization Sponsoring the Event)

Address of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Display Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

NYS Department of Labor Explosives License #: \_\_\_\_\_ Expires \_\_\_\_\_

Operator – Name of the certified pyrotechnician who will be in charge of the display

Name	Certificate #	Expires
_____	_____	_____

Authorized Assistants: Names of the individuals, who are authorized by the operator to work on the show, identified either by their certificate number and expiration date, if they are certified, or by their age and phone number, if they are not certified.

Name	Certificate #/Age	Expires/Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on a separate sheet, if necessary)

(A) Display Date/Time \_\_\_\_\_ Expected Duration: \_\_\_\_\_

(B) Display Location: \_\_\_\_\_

(C) Display Content: \_\_\_\_\_

(D) How fireworks will be stored prior to display: \_\_\_\_\_

(E) Rain Date for display: \_\_\_\_\_

(F) If rained out, how fireworks will be stored: \_\_\_\_\_

(G) For outdoor displays not before a proximate audience, attach a diagram of the area where the display will take place, showing location where the fireworks will be discharged from, the location of and distance to: all buildings; highways; lines of communications; locations of the audience; trees; overhead obstructions or other structures or devices that could be affected by the display or fallout from it.

(H) Copy of contract with Display Company.

(I) Proof of Insurance or Bond (Minimum One Million Dollars). Policy certificate or other proof of Insurance Bond is required.

(J) Applicant must notify the Galway Volunteer Fire Company, Inc. of the date, time and location of the planned fireworks display.

(K) I attest that the information contained in this permit application is accurate, true and complete to the best of my knowledge. I understand that the false statements made in this permit application are subject to the application versions of the NYS Penal Law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PERMIT FOR PUBLIC DISPLAY OF FIREWORKS IS HEREBY GRANTED PURSUANT TO ARTICLE 405 OF NYS PENAL LAW. THIS PERMIT IS NON-TRANSFERRABLE.

\_\_\_\_\_  
Signature of Town Clerk

\_\_\_\_\_  
Approval Date

A signed copy of permit application and documentation must be filed 14 days before the date of the display to the following address: Town of Galway Town Clerk, 5910 Sacandaga Road, Galway, NY 12074.