



Village of Mount Morris

117 Main Street, Mount Morris, NY 14510
Building Zoning Permits/Code Enforcement

FIREWORKS DISPLAY PERMIT APPLICATION

Date of Application: _____

APPLICANT

Name: _____ Telephone Number: _____

Address: _____

PROPERTY OWNER

Name: _____ Telephone Number: _____

Address: _____

Location of the purposed fireworks: _____

Property Tax Map Number: _____ Current Zoning District: _____

Time and date of the display: _____

Number and kinds of Fireworks to be discharged: _____

Company that will be in charge of the display: _____

CERTIFICATE OF LIABILITY INSURANCE REQUIRED

Name of Insurance Company: _____

Amount of Insurance (Print the Village of Mount Morris' insurance requirements): _____

(Signature of Applicant) (Date)

(Signature of Property Owner) (Date)

Distribution:

- Village of Mount Morris Police
- Village of Mount Morris DPW
- Village of Mount Morris Fire
- Town of Mount Morris Ambulance

CODE ENFORCEMENT USE ONLY:	
Zoning Officer:	_____
Approved:	_____ Disapproved: _____
Insurance certificate received:	_____
ATTACH CERTIFICATE OF LIABILITY INSURANCE TO PERMIT (Acord Form)	
(non-refundable) Fee Due:	_____
Check:	_____ Cash: _____
Receipt #:	_____ Permit No: _____