



Application For Display Of 1.3 Fireworks



City of Tucson Fire Prevention Center
797 E. Ajo Way 85713
(520) 791-4014

Date: App#

Name of sponsoring organization:

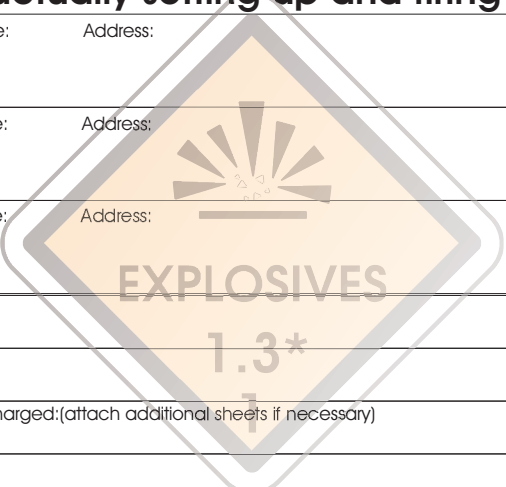
Address: Phone:

Name and address of person in-charge of display:

Phone:

Name(s) of persons actually setting up and firing display

Name:	Age:	Address:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	Age:	Address:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	Age:	Address:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Exact date and time of display:

Exact location of display:

Number and kind(s) of fireworks to be discharged:(attach additional sheets if necessary)

Manner and place of storage of fireworks:

Completed form must be returned to the Fire Prevention Center 797 East Ajo Way Tucson, Arizona 85713 at least thirty (30) days prior to date of the display. Include a copy of a **CERTIFICATE OF GENERAL LIABILITY INSURANCE** for a minimum of **ONE-MILLION DOLLARS** and a picture ID for the person in charge of firing this display, a site map, and a display listing.

Reviewed by the Fire Marshal _____ Date _____

Position	Approved	Signature	Date
Fire Chief	Yes No	<input type="text"/>	<input type="text"/>
Police Chief	Yes No	<input type="text"/>	<input type="text"/>

Inspecting officer's signature _____ Shooter _____