

**TOWN OF BLOOMSBURG
FIREWORKS DISPLAY PERMIT**

Type of Display: Public _____ Private _____

Applicant : _____

Address: _____ Phone: _____

City, State, Zip: _____

Location of Display: _____

Date of Display: _____

Approximate Time of Display: _____

Rain Date of Display: _____

Fireworks Company: _____

Address: _____ Phone: _____

City, State, Zip: _____

BATF License Number: _____

Signature of Applicant: _____

Signature of Fireworks Co. Representative: _____

This Permit gives the holder permission by the authority signed below to hold a fireworks display within the Town of Bloomsburg.

By: _____ Date: _____

Title of Issuing Officer: _____

APPLICATIONS MUST BE SUBMITTED 15 DAYS PRIOR TO DISPLAY