



CITY OF BRADFORD DISPLAY OF FIREWORKS PERMIT APPLICATION

24 Kennedy Street
Bradford, PA 16701
www.bradfordpa.com
Phone: 814-362-3884 Ext. 121
Fax: 814-368-3335

For more information regarding fireworks displays:
Contact: Brett Butler, Fire Chief
25 Chestnut Street
Bradford, PA 16701
Phone: 814-368-3141

DISPLAY OF FIREWORKS ORDINANCE 3270 - ADOPTED MAY 9, 2017

EVENT INFORMATION:

Name of Organization _____
Contact Person _____
Address _____
Primary Phone _____ Alternate Phone _____
Email _____
Date of Event _____ Alternate/Rain Date _____
Start-End Time for Fireworks _____
Approved Location of Fireworks: (check one) Oak Hill Cemetery _____ Close Proximity _____

PROVIDER INFORMATION

Name of Organization _____
Federal Explosive License # or ATF Permit # _____
Contact Person _____
Address _____
Primary Phone _____ Alternate Phone _____
Email _____

REQUIRED DOCUMENTATION

The following must be submitted at the time of the application:

- _____ \$100 Application Fee
- _____ Certificate of Liability of \$1,000,000 with the City of Bradford named as additional insured.
- _____ Proof of Worker's Compensation Coverage

Signature of Applicant

Date

RAIN DATE

If by reason of unfavorable weather the display for which this permit has been granted does not take place at the time authorized, the person to whom the permit is issued may within twenty-four (24) hours apply to the City of Bradford by setting forth under oath the fact that such display was not made, giving the reason therefore and requesting a continuance of such permit for a day designated therein, not later than one (1) week after the day fixed originally in said permit.

INDEMNIFICATION DECLARATION

THE PERMITTEE OR LICENSEE HEREBY UNDERSIGNED agree to indemnify and hold the City of Bradford, McKean County, Pennsylvania, Bradford City Council, the City of Bradford employees and agents harmless from any and all liability which may arise in regards to the activities authorized by said fireworks permit.

Signature of Permittee or Licensee

Date

FOR CITY USE ONLY

Date Application Received: _____

The following have been submitted and reviewed:

_____ \$100 Application Fee

_____ Indemnification Declaration

_____ Certificate of Liability with City of Bradford named as additional insured.

_____ Approval of the Fire Chief or City Administrator

_____ Police Department Notified

Special Conditions: _____

APPLICATION REVIEWED AND APPROVED:

Fire Chief or City Administrator

Date