

**CHESTER TOWNSHIP  
FIREWORKS/SPECIAL EVENT APPLICATION**

Non-Refundable Permit Fee \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_

City & State \_\_\_\_\_

Location of Event \_\_\_\_\_

\_\_\_\_\_

Date of Event \_\_\_\_\_ Starting Time \_\_\_\_\_ End Time \_\_\_\_\_

*Full description of all events to be covered-*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List Security Protection Required:**

*Charged to Applicant by Township & Paid in Advance of Event-*

Township Fire Dept. \$ \_\_\_\_\_, per truck & \$ \_\_\_\_\_ for fire personnel. \$ \_\_\_\_\_ Other (specify)

*Describe emergency evacuation procedures for medical, fire, weather, etc.-*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimate total attendance per day \_\_\_\_\_

Number of years the event has been held \_\_\_\_\_

Who is shooting off the fireworks \_\_\_\_\_

Independent Contractor Y\_\_\_\_N\_\_\_\_ Are they licensed? Y\_\_\_\_N\_\_\_\_

If not licensed, are they certified trained? Y\_\_\_\_N\_\_\_\_

When & where trained \_\_\_\_\_

Number of years of experience \_\_\_\_\_ And shooters experience \_\_\_\_\_

Insurance certificate is mandatory and Chester Township must be named as insured.

Amount of insurance of company \_\_\_\_\_

Policy Number \_\_\_\_\_

*Policy must be submitted to Township's insurance carrier for approval by risk management prior to event*

*Continued on back-*

*Complete list of shell sizes and number being shot off-*

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Are fireworks being shot off over water Y\_\_\_\_N\_\_\_\_

If no, describe surrounding area of site

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Has the NFPA Code 1123 been complied with Y\_\_\_\_N\_\_\_\_

All sites and site plans must have the prior approval of the Chester Township Fire Department and comply with the Chester Township Fireworks Ordinance.

Please complete sketch showing shooting area, spectator area, crowd control features, & impact area. This shall include all distances, structures in the area & direction shells are to be shot.

Issued by action of the Chester Township Board of Trustees on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature and Title of Board Representative\_\_\_\_\_