# JACKSON TOWNSHIP, MONROE COUNTY 2162 ROUTE 715 PO BOX 213 REEDERS. PA 18352 www.jacksontwp-pa.gov

Phone: 570-629-0153 Email: zoning@jacksontwp-pa.gov

# FIREWORKS DISPLAY PERMIT APPLICATION

Permit application fee: **\$100.00** (Nonrefundable)

Applicant Name:		Phone Numb	er:	Email:
Applicant Address:				
Proposed Fireworks Display 14-Digit Parcel Map Number:	Location Informa	tion:		
Property Owner Name:	Phone Number:		Email:	
Property Address:				
Zoning District:		Is the 911 Ac	ldress Pos	ted Correctly:
		□ Yes	□ No	

## **Display Operator's Information:**

Business Name:	Phone Number:	Email:
Business Mailing Address:		
Contact Name:	Direct/cellphone Number:	Email:

Provide a detailed explanation of the special event, including Times, Participants, Estimated Attendance, and other Supportive Information. (Attach Additional Sheets as Required):

Who is the Insurance Provider? Please provide a Valid Certificate:

### Has the appropriate fire company been notified?

Jackson Township Volunteer Fire Company
Pocono Township Volunteer Fire Company
West End Volunteer Fire Company

🗆 Yes	🗆 No
🗆 Yes	🗆 No
🗆 Yes	🗆 No

#### Documents to be provided:

- Photo ID
- Written consent from property owner
- Site Plan (as stated in Ordinance)
- List of number and kinds of Display Fireworks to be discharged
- Document providing manner and place of storage of such fireworks prior display
- Certificate of Insurance naming Jackson Township as additional insured
- Certificate of insurance evidencing statutory Workers Compensations' coverage
- Operator's current permit (ATF & registration with Attorney General of PA)

Applicant agrees to indemnify and hold Jackson Township, and its respective supervisors, officers, employees, and agents, harmless against any and all damages, claims, liabilities, losses, and other expenses, including without limitation attorneys' fees and related costs, whether or not a lawsuit or other proceeding is filed, in any way arising out of Applicant's use of the fireworks requested and described in the above application. This indemnification will extend to any and all claims, suits, causes of action, judgments or damages sustained by any person for bodily injury, or for injury to or loss of property resulting from, caused by, or arising out of the above described fireworks.

I/We certify that the information provided in this application is true and correct.

Applicant Signature:	Date:
Property Owner Signature:	Date: