



AMELIA COUNTY-APPLICATION FOR FIREWORKS DISPLAY PERMIT

INSTRUCTIONS

This APPLICATION FOR FIREWORKS DISPLAY PERMIT must be completed and submitted no later than 10 days prior to the scheduled event. Incomplete Applications for any reason will not be processed. Completed Applications and supporting materials may be submitted in person or by mail to the Office of County Administrator, County of Amelia, County Administration Building, P.O. Box A, 16360 Dunn Street, Suite 101, Amelia, Virginia 23002 or via facsimile to 804-561-6039.

APPLICANT INFORMATION

NAME OF APPLICANT/ORGANIZATION: _____

APPLICANT/ORGANIZATION ADDRESS: _____

Street Address or P.O. Box _____ City _____ State _____ Zip Code _____ Area Code (Telephone #) _____

Area Code (Mobile Telephone) _____ Area Code (Fax Number) _____ E-Mail _____

ORGANIZATION TYPE: - GOVERNMENTAL - PUBLIC/NON-PROFIT -PRIVATE/NON-PROFIT - PRIVATE/UNINCORPORATED

- OTHER: SPECIFY: _____

INDIVIDUAL ORGANIZER OR APPLICANT'S NAME: _____

EVENT INFORMATION

OFFICIAL NAME OF FIREWORKS EVENT: _____

PURPOSE OF EVENT: _____

DATE OF EVENT: _____ TIME START: _____ TIME FINISH: _____

NAME OF FIREWORKS COMPANY: _____

FIREWORKS COMPANY ADDRESS: _____

Street Address or P.O. Box _____ City _____ State _____ Zip Code _____ Area Code (Telephone #) _____

Area Code (Mobile Telephone) _____ Area Code (Fax Number) _____ E-Mail _____

Provide diagram of events area to show at a minimum:

Display area, distances from staging area to surrounding structures, wooded areas and viewing areas, ingress/egress, closest public road name and number, parking areas, contact neighbors.

PUBLIC SAFETY INFORMATION-DIRECTOR OF EMERGENCY MANAGEMENT

TRAFFIC CONTROL WILL BE PROVIDED BY: _____

FIRE PROTECTION SERVICES WILL BE PROVIDED BY: _____

EMERGENCY MEDICAL SERVICES WILL BE PROVIDED BY: _____

HAS AMELIA COUNTY SHERIFF'S OFFICE AND APPROPRIATE FIRE AND EMERGENCY MEDICAL SERVICES PROVIDER(S) BEEN NOTIFIED OF THIS EVENT: - YES - NO _____

Director of Emergency Management

APPLICANT CERTIFICATION:

THE UNDERSIGNED ON BEHALF OF THE APPLICANT/ORGANIZATION DO HEREBY CERTIFY AND AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE SAFE AND PROPER CONDUCT OF THE EVENT AND DISPLAY OF FIREWORKS AND THAT ARRANGEMENTS HAVE BEEN MADE FOR TRAFFIC CONTROL, FIRE AND EMERGENCY MEDICAL SERVICES WITH THE APPROPRIATE AGENCIES AS INDICATED HEREON.

Signature of Applicant _____ DATE: _____

OFFICE USE ONLY:

Approval by County Administrator _____

PERMIT NUMBER: _____

DATE: _____