



Application for Display Of 1.3 Fireworks



City of Tucson Fire Prevention Center
300 S. Fire Central Place 85701
(520) 791-4014

Date: App#

Name of Sponsoring Organization

Address Phone:

Name and address of person in-charge of display:

Phone:

Name(s) of persons actually setting up and firing display

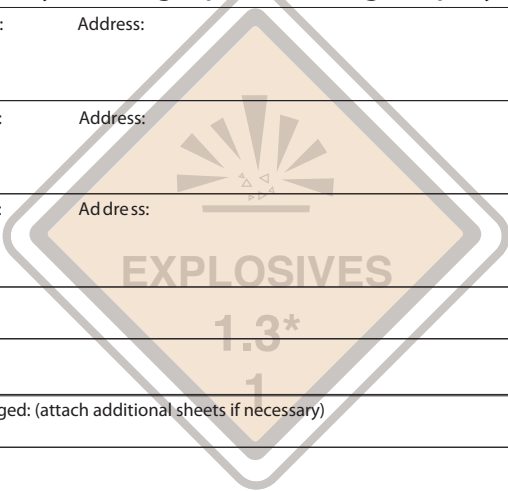
Name:	Age:	Address:	Phone:
Name:	Age:	Address:	Phone:
Name:	Age:	Address:	Phone:

Exact date and time of display:

Exact location of display:

Number and kind(s) of fireworks to be discharged: (attach additional sheets if necessary)

Manner and place of storage of fireworks:



Completed form must be returned to the Fire Prevention Center 300 S. Fire Central Place, Tucson, Arizona 85701 at least thirty (30) days prior to date of display. Include copy of a **CERTIFICATE OF GENERAL LIABILITY INSURANCE** for a minimum of **ONE-MILLION DOLLARS** and a picture ID for the person in charge of firing the display, a site map, and a display listing.

Reviewed by the Fire Marshal _____ Date _____

Position	Approved	Signature	Date
Fire Chief	Yes No		
Police Chief	Yes No		

Inspecting officer's signature _____ Shooter _____