



Village of Mount Morris

117 Main Street, Mount Morris, NY 14510
Building Zoning Permits/Code Enforcement
Phone (585) 741-4021 codeenforcement@mountmorrisny.us

FIREWORKS DISPLAY PERMIT APPLICATION

Date of Application: _____

APPLICANT

Name: _____ Telephone Number: _____

Address: _____

PROPERTY OWNER

Name: _____ Telephone Number: _____

Address: _____

Location of the purposed fireworks: _____

Property Tax Map Number: _____ Current Zoning District: _____

Time and date of the display: _____

Number and kinds of Fireworks to be discharged: _____

Company that will be in charge of the display: _____

CERTIFICATE OF LIABILITY INSURANCE REQUIRED

Name of Insurance Company: _____

Amount of Insurance (Print the Village of Mount Morris' insurance requirements): _____

(Signature of Applicant) (Date)

(Signature of Property Owner) (Date)

Distribution:

- ☐ Village of Mount Morris Police
- ☐ Village of Mount Morris DPW
- ☐ Village of Mount Morris Fire
- ☐ Town of Mount Morris Ambulance

CODE ENFORCEMENT USE ONLY:

Zoning Officer: _____

Approved: _____ Disapproved: _____

Insurance certificate received: _____

ATTACH CERTIFICATE OF LIABILITY INSURANCE
TO PERMIT (Acord Form)

(non-refundable) Fee Due: _____

Check: _____ Cash: _____

Receipt #: _____ Permit No: _____