TOWN OF LURAY
APPLICATION FOR THE DISPLAY OF AERIAL FIREWORKS

1. Name/Company Conducting Display: _____
2. Phone #: _____ Email: _____
3. Mailing Address: _____
4: Physical Address (if different from above): _____
5: City/State/Zip: _____
6: Federal Identification #: _____
7: Name of person making application: _____
Driver's License #: _____ State: _____

****ATTACH COPY OF COMPANY'S CERTIFICATE OF LIABILITY INSURANCE****

SPONSORSHIP:

8: The fireworks display sponsored by: _____
9: Name of sponsor's representative: _____
10: Telephone #: _____ Email: _____
11: The fireworks display will occur at (provide location by listing address, street intersections, name of complex or facility, etc.)

_____
_____
_____

12: The firing of display fireworks will occur on _____ beginning at approx. _____ and ending at approx. _____.

OPERATOR/ASSISTANT SPECIFICATIONS:

13: Name and age of person actually in charge of firing the display of fireworks:

_____ _____
Name (please print) Age

14: List any qualifications/credentials the operator may possess or is willing to offer:

_____
_____
_____

By signing below, I attest the above information is accurate and correct. I acknowledge and agree to comply with all applicable requirements of the Virginia Statewide Fire Prevention Code (SPFC) and the referenced NFPA 1123-00 standard governing the use, storage, and firing of display fireworks, even those not specifically expressed on this application.

_____ _____
Signature of applicant (person listed on line 7) Date

Application for Fireworks Display: _____ Approved _____ Disapproved

Date: _____ Authorized Signature: _____