

APPLICATION/PERMIT FOR: **THE EXHIBITION OF FIREWORKS (ORC 3743.54)**
 (check block for appropriate type show) **PYROTECHNIC SPECIAL EFFECTS ((K) SECTION 3311)**

Name of Company Fireworks Purchased from _____
 Ohio License # _____ Out of State Shipping Permit # _____ Variance 1.4g# _____
 Address _____
 City/State _____

Exact Location at Exhibition Site/Event _____

 Date of Exhibit Number/Street _____ Time of Exhibit City _____ Rain Date County _____
Month/day/year AM PM Month/day/year
 Sponsoring Organization _____ Name of Person In Charge _____

Exhibitor Name _____ Phone _____
 Exhibitor Ohio License # _____
 Licensed Fireworks Exhibitor (NFPA 1123)
 Licensed Pyrotechnics Exhibitor (NFPA 1126)
 Exhibitor Address _____
Number/Street City State
 Name of Bonding/Insurance Company _____
 Address _____
Number/Street City State
 Amount of Indemnity Bond/Insurance: _____
 I understand that I, as the Exhibitor of this exhibition, shall be held strictly responsible for any damage to persons or properties resulting from the fireworks so used.
 Signature of Exhibitor _____ Date _____
 In a Permit for the Exhibition of Fireworks (ORC 3743.54), list the Certified Fire Safety Inspector/Fire Chief/Fire Prevention Officer who will be present before, during and after the fireworks exhibition.

(before exhibition) (during exhibition) (after exhibition)

Attachments
 For Fireworks Exhibition (1.3G) attach Checklist to this Permit
 List containing the class of fireworks and number of set pieces and shells to be discharged (specify single or mulit-break)
 For Pyrotechnics Special Effects (Indoor or Outdoor) - No Checklist. Plan must be filed with Fire Department. (3311.2)

THIS FORM MUST BE SIGNED AND APPROVED BY THE FOLLOWING: FIRE AUTHORITY HAVING JURISDICTION (FIRE CHIEF, OR FIRE PREVENTION OFFICER) AND LAW ENFORCEMENT AUTHORITY HAVING JURISDICTION (SHERIFF OR POLICE CHIEF). ONLY WHEN SIGNED DOES THIS FORM SERVE AS THE PERMIT.

Signature of Fire Chief/Fire Prevention Officer Fire Department and Fire Department ID # DATE
 Printed Name _____

Signature of Police Chief/Law Enforcement Officer/Sheriff Municipality/Township/County DATE
 Printed Name _____