



CITY OF PORT ORCHARD

Permit Center

Office located at 720 Prospect Street
Mailing address: 216 Prospect Street
Port Orchard, WA 98366
(360) 874-5533 • permitcenter@cityofportorchard.us

FIREWORKS DISPLAY PERMIT APPLICATION (POMC 5.60)

Application must be received no later than 4:30 p.m. at least 40 business days prior to date of intended display.

Event Name: _____	
Fireworks Display location (site location): _____	
Date of Operation: _____	Display Start Time: _____ Display End Time: _____
Describe how and where the fireworks will be stored prior to the fireworks display: _____ _____	
Applicant Name: _____	
Fireworks Display Company Name: _____	
Mailing Address (street, city, state, zip): _____	
Phone: _____	E-mail: _____
UBI #: _____ Do you have a City Business License*? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied (date): _____	
<i>*The Fireworks Display Permit cannot be issued if you do not have a city business license. Apply online at: bls.dor.wa.gov</i>	
24-hour Emergency Contact Name & Phone #: _____	
Pyrotechnic Operator (name): _____ Lic. #: _____	
Mailing Address (street, city, state, zip): _____	
Phone: _____	E-mail: _____
Assistant's Name: _____ Phone: _____	
Sponsoring Organization (name): _____	
Point of Contact (name): _____	
Mailing Address (street, city, state, zip): _____	
Phone: _____	E-mail: _____

SUBMITTAL REQUIREMENTS: (Check the box for each item included with this application)

- This Fireworks Display Permit Application with original signature.
- The original blue General Display Fireworks License issued by the Washington Office of the State Fire Marshal (Washington State Patrol Fire Protection Bureau).
- A copy of the Pyrotechnic Operator License issued by the Washington Office of the State Fire Marshal.
- The original Washington State Public Fireworks Display Permit.
- A certificate of Liability Insurance which names the City of Port Orchard as an Additional Insured. The coverages in any one accident or occurrence for each of the following shall not be less than:
 - \$1,000,000 Liability;
 - \$500,000 Bodily Injury; and
 - \$300,000 Property.
- A site discharge aerial map showing the point at which the fireworks are to be discharged, and a 1,000' radius of the fallout area.
- A copy of the agreement between the fireworks contractor and the sponsor.
- A list of the type, class and number of fireworks to be displayed. Specify single or multiple break.

FEES:

- Fireworks Sales Permit \$100.00
- Debris Clean-up deposit \$50.00

Applicant Signature: The applicant is the primary contact for all project-related questions and correspondence. The Permit Center will email or call the applicant with requests and/or information about the application. The applicant is responsible for communicating information to all parties involved with the application. It is the responsibility of the applicant to ensure their contact information is accurate and that their email account accepts email from the Permit Center.

I affirm that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge.

X _____ **Date:** _____
Applicant Signature

Print Name: _____

STAFF USE - DO NOT WRITE BELOW THIS LINE

DISPLAY COMPANY (FIREWORKS SUPPLIER) INFO VERIFIED: UBI #: _____ *initial* City Business License: _____ *initial*

PERMIT # _____ RECEIPT #'s: _____ *Permit* _____ *Deposit* Date Issued: _____