

DEPARTMENT OF FIRE  
Phone: 610 865-7140  
Fax: 610 997-5746  
TDD: 610 865-7143

## REQUEST FOR FIREWORKS PERMIT

(rev. 8/05) Please print information clearly:

Location of fireworks display: \_\_\_\_\_ Date: \_\_\_\_\_

Start time: \_\_\_\_\_ am/pm End time: \_\_\_\_\_ am/pm Rain date: \_\_\_\_\_

Property owner's name: \_\_\_\_\_

Property owner's address: \_\_\_\_\_ city: \_\_\_\_\_ state: \_\_\_\_\_

Property owner's phone: (\_\_\_\_\_) \_\_\_\_\_

Contractor's name: \_\_\_\_\_

Contractor's address: \_\_\_\_\_ city: \_\_\_\_\_ state: \_\_\_\_\_

Contractor's phone: (\_\_\_\_\_) \_\_\_\_\_ Contractors Certificate: # \_\_\_\_\_

Contractor's PROOF of Insurance: Ins. Co. \_\_\_\_\_ Policy: # \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Applicant's address: \_\_\_\_\_ city: \_\_\_\_\_ state: \_\_\_\_\_

Applicant's phone: (\_\_\_\_\_) \_\_\_\_\_

APPLICATION MUST INCLUDE LEGIBLE CURRENT COPIES OF SHOOTER'S LICENSE AND ATF / CONTRACTOR'S CERTIFICATE, CERTIFICATE OF INSURANCE, PROGRAM INVENTORY, SITE LAYOUT, SET-UP DATE / COMPLETION TIME IN ORDER TO SCHEDULE INSPECTION OF THE SITE AND INVENTORY.

Application and accompanying paperwork must be received NO LESS than 2 weeks prior to event.  
Permit fee (\$50.00) payable by cash or check only – make check payable to "City of Bethlehem"

Fax or Mail to: City of Bethlehem  
Department of Fire  
Attention: Fire Inspection Bureau  
Room 311A  
10 E. Church Street,  
Bethlehem, PA 18018

