

# Town of Clover

116 Bethel Street PO Box 1060  
Clover, SC 29710  
Phone 803-222-9495 Fax 803-222-6955

## Fireworks Permit

Application Date: \_\_\_\_\_

**Name of Sponsoring Group** (Responsible Party) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Person in Charge \_\_\_\_\_ Phone \_\_\_\_\_

**Display Date** \_\_\_\_\_ **Display Time** \_\_\_\_\_ **Duration** \_\_\_\_\_ minutes

**Location of Display** \_\_\_\_\_

**Name of Display Company** \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**Name of Pyrotechnic Technician** \_\_\_\_\_

Cell Phone \_\_\_\_\_ Operator License # \_\_\_\_\_

Description of Type of Fireworks Display \_\_\_\_\_

Place and Manner in which the fireworks shall be stored prior to display \_\_\_\_\_

### Attach the following

- Site plan indicating exact location proposed for discharge of fireworks; buildings within 200' of the discharge location; location of communication, power lines or other overhead obstructions within 50' of the discharge location; fallout perimeter and location and distance from discharge location of audience and any public highway or road.
- Copy of the Certificate of Insurance naming the Town of Clover as an additional insured for the required amount of \$1,000,000 for bodily injury and \$100,000 property damage per occurrence.
- Copy of Operator License; contract between Sponsoring Group, Display Company, and/or Pyrotechnic Operator; and any other pertinent documentation.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Applicant Name \_\_\_\_\_

This permit authorizes possession and use of fireworks solely for the fireworks display specified herein, and is not transferable.

Approved By \_\_\_\_\_  
Fire Chief

Date Approved \_\_\_\_\_

Copy permit to

- Police Department