



COUNTY OF WASHINGTON, VIRGINIA  
BOARD OF SUPERVISORS

APPLICATION FOR FIREWORKS DISPLAY PERMIT

INSTRUCTIONS

This APPLICATION FOR FIREWORKS DISPLAY PERMIT must be completed and submitted no later than 12:00 noon Wednesday one week before a regular meeting of the Washington County Board of Supervisors (second and fourth Tuesdays of each month). Incomplete Applications for any reason will not be processed. Completed Applications and supporting materials may be submitted in person or by mail to the Office of County Administrator, County of Washington, 1 Government Center Place, Suite A, Abingdon, Virginia 24210 or via facsimile to (276) 525-1309.

APPLICANT INFORMATION

NAME OF APPLICANT ORGANIZATION: \_\_\_\_\_

APPLICANT ORGANIZATION ADDRESS: \_\_\_\_\_

Street Address or P.O. Box City State Zip Code Area Code & Office Telephone

Area Code & Mobile Telephone Area Code & Fax Number E-mail

ORGANIZATION TYPE:  - GOVERNMENTAL  - PUBLIC/NON-PROFIT  - PRIVATE/NON-PROFIT  - PRIVATE/UNINCORPORATED

- OTHER; SPECIFY: \_\_\_\_\_

INDIVIDUAL ORGANIZER OR APPLICANT'S NAME: \_\_\_\_\_

EVENT INFORMATION

OFFICIAL NAME OF FIREWORKS EVENT: \_\_\_\_\_

PURPOSE OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ TIME START: \_\_\_\_\_ TIME FINISH: \_\_\_\_\_

NAME OF FIREWORKS COMPANY: \_\_\_\_\_

FIREWORKS COMPANY ADDRESS: \_\_\_\_\_

Street Address or P.O. Box City State Zip Code Area Code & Office Telephone

Area Code & Mobile Telephone Area Code & Fax Number E-mail

NAME OF COMPANY REPRESENTATIVE TO BE IN CHARGE OF DISPLAY: \_\_\_\_\_

LOCATION OF FIREWORKS STAGING/LAUNCHING AREA: \_\_\_\_\_

LOCATION OF PARKING FOR SPECTATORS: \_\_\_\_\_

PUBLIC SAFETY INFORMATION

TRAFFIC CONTROL WILL BE PROVIDED BY: \_\_\_\_\_

FIRE PROTECTION SERVICES WILL BE PROVIDED BY: \_\_\_\_\_

EMERGENCY MEDICAL SERVICES WILL BE PROVIDED BY: \_\_\_\_\_

HAS WASHINGTON COUNTY SHERIFF'S OFFICE AND APPROPRIATE FIRE AND EMERGENCY MEDICAL SERVICES PROVIDER(S) BEEN NOTIFIED OF THIS EVENT:  - YES  - NO

APPLICANT CERTIFICATION:

THE UNDERSIGNED ON BEHALF OF THE APPLICANT ORGANIZATION DO HEREBY CERTIFY AND AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE SAFE AND PROPER CONDUCT OF THE EVENT AND DISPLAY OF FIREWORKS AND THAT ARRANGEMENTS HAVE BEEN MADE FOR TRAFFIC CONTROL, FIRE AND EMERGENCY MEDICAL SERVICES WITH THE APPROPRIATE AGENCIES AS INDICATED HEREON.

Signature of Applicant \_\_\_\_\_ DATE: \_\_\_\_\_