



Cayman Islands Fire Service Fireworks Display Permit

APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

PROOF OF INSURANCE: _____

This request is hereby submitted to obtain your approval to conduct a Fireworks Display. The display will be of such character as will not be hazardous to persons or property and the applicant carries the proper liability insurance or bond as required by law.

SPONSOR: _____

EVENT: _____

DISPLAY DATE: _____

APPROXIMATE TIME OF DISPLAY: _____

LOCATION OF DISPLAY: _____

The display will strictly comply with the standards set forth by NFPA 1123 (code for the Outdoor Display of Fireworks) and will be conducted by a competent fireworks operator.

BY _____ AGE: _____

SIGNATURE

DATE: _____

LICENSE # or EXPERIENCE: _____

Permission has been granted for: _____ to conduct a Fireworks Display in accordance with the above.

Approved By: _____

Division: _____

Date Approved: _____