

Town of Denning

Supervisor David Brooks

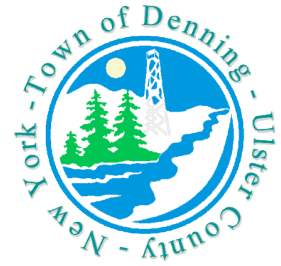
Councilman: Mike Dean, Paul Schoonmaker, Kevin Smith, Greg Vurckio

Town Clerk / Tax Collector Joy Monforte

townhall@denning.us

PO Box 277 - Claryville, NY 12725

Phone: (845) 985 -2411 - Fax: (845) 985-0188



FIRE WORKS PERMIT:

The Town of Denning, County of Ulster, HEREBY orders the following conditions to be met prior to a fire works display;

Name:

Address:

Telephone and Cell #'s.

Location of:

Date of: _____

Proof Of: Acknowledgment of Notification to Fire Dept. Signature (below)

- 1) Notification to the Fire Department of SAID location. _____
- 2) A legible copy of their New York State and/or Federal License. _____
- 3) A copy of a minimum of \$1,000,00.00 insurance bond for SAID location, date and company. As required by New York State Law. _____
- 4) Map with location of the fireworks discharge area marked as well as other buildings, utility lines, parking and fall out area marked. _____
- 5) Information on the storage of fireworks. _____
- 6) Rain date and storage of fireworks if a rained out. _____ Date: _____
- 7) Name: _____ Certificate # _____ Expiration Date _____

- 8) All helpers must be 18 and over: _____
- _____
- _____
- _____

As authorized by the Denning Town Board following New York State Penal Law § 405, Dept. of Labor Regulations 12 NYCRR 61-2.8 and the National Fire Protection Association § 1123.

Signature

Town Clerk / Issuing Agent.

Town Seal