## Town of Denning

Supervisor David Brooks

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

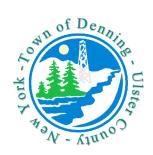
Town Clerk / Tax Collector Nancy Parrow

townhall@denningny.gov

PO Box 277 - Claryville, NY 12725

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

WEBSITE: www.denningny.gov



## FIRE WORKS PERMIT

The Town of Denning, County of Ulster, HEREBY orders the following conditions to be met prior to a fireworks display:

Name:		
Telephone and Cell #'s: _		
Location of Fireworks Dis	play:	
Date of Fireworks Display	·:/	
Please attach Proof of:  1. Acknowledgemen	t of Notification to Fire Dept. Signati	ure
2. Copy of Notification	on to Fire Dept and Confirmation by	Signature of person named above and date Fire Dept. Received Attached.
3. Copy of minimum as required by Nev	of \$1,000,000.00 insurance bond for York State Law.	SAID Location, Date and Company
4. Map with location parking and fall ou		ed as well as other buildings, utility lines,
5. Information notific	eation on the storage of fireworks.	
6. Rain date and info	rmation on storage of fireworks if rain	ned out. Rain Date://
7. License and/or Cer	tification Information: (attach copy of lices	nse/certificate(s) front and back)
Name:	Certificate #	Expiration Date
8. Helpers: All Helpe	ers must be 18 years old or over:	
	ning Town Board following New Yor 1-2.8, and the National Fire Protection	rk State Penal Law § 405, Dept. of Labor on Association § 1123.
	Date:	·
Signature: Town Clerk / I	ssuing Agent	

TOWN SEAL