



# Village of Mount Morris

117 Main Street, Mount Morris, NY 14510  
Building Zoning Permits/Code Enforcement  
Phone (585) 658-4160 chuck.cagle@mountmorrisny.us

## FIREWORKS DISPLAY PERMIT APPLICATION

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

### APPLICANT

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### PROPERTY OWNER

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Location of the purposed fireworks: \_\_\_\_\_

Property Tax Map Number: \_\_\_\_\_ Current Zoning District: \_\_\_\_\_

Time and date of the display: \_\_\_\_\_

Number and kinds of Fireworks to be discharged: \_\_\_\_\_

Company that will be in charge of the display: \_\_\_\_\_

### CERTIFICATE OF LIABILITY INSURANCE REQUIRED

Name of Insurance Company: \_\_\_\_\_

Amount of Insurance (Print the Village of Mount Morris' insurance requirements): \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant) (Date)

\_\_\_\_\_  
(Signature of Property Owner) (Date)

### Distribution:

- ☐ Village of Mount Morris Police
- ☐ Village of Mount Morris DPW
- ☐ Village of Mount Morris Fire
- ☐ Town of Mount Morris Ambulance

### CODE ENFORCEMENT USE ONLY:

Zoning Officer: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Insurance certificate received: \_\_\_\_\_

ATTACH CERTIFICATE OF LIABILITY INSURANCE  
TO PERMIT (Acord Form)

(non-refundable) Fee Due: \_\_\_\_\_

Check: \_\_\_\_\_ Cash: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Permit No: \_\_\_\_\_