Village of Oswego

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PYROTECHNIC DISPLAY PERMIT APPLICATION

Please return completed Application and Fee to the Building Services Department

Please note: Application must be submitted at least 15 days in advance of the date of the proposed display.

1. Name of Event: _____

   Address / Location of Proposed Display: _____

   Event Date: _____ Event Hours _____

APPLICANT Information

2. Applicant Name: _____

   Alias(es): _____

   Title / Position: _____

   Address: _____

   Mailing Address (if different): _____

   Phone Number: _____ Email Address: _____

PYROTECHNIC OPERATOR Information

3. Name of Lead Pyrotechnic Operator _____

   Alias(es) _____ License Number: _____

   Address: _____

   Mailing Address (if different): _____

   Phone Number: _____ Email Address: _____

4. (a) Name of Assistant _____ Date of Birth: _____

   Address: _____

   Phone Number: _____ Email Address: _____

   (b) Name of Assistant _____ Date of Birth: _____

   Address: _____

   Phone Number: _____ Email Address: _____

***** OFFICE USE ONLY *****

☐ Approved ☐ Not Approved Permit No.: _____ Date of Issuance: _____

☐ Copy of Special Event Permit ☐ Oswego Fire Protection District Approval ☐ Copy of $1,000,000 Liability Insurance

Copy of State of Illinois Licenses:

☐ Pyrotechnic Distributor's License ☐ Lead Pyrotechnic Operator's License ☐ Driver's License for each assistant

5. Name of Pyrotechnic Distributor _____

Alias(es) _____ License Number: _____

Address: _____

Mailing Address (if different): _____

Phone Number: _____ Email Address: _____

REPRESENTATIONS AND ACKNOWLEDGMENTS:

6. Will you familiarize yourself with the laws of the United States, State of Illinois, and ordinances of the Village of Oswego, pertaining to fireworks / explosives and abide by all of them? ☐ Yes ☐ No

This application shall be incomplete unless it is accompanied by copies of the following:

- Village of Oswego Special Event Permit
- Pyrotechnic distributor's license from the State of Illinois
- Lead pyrotechnic operator's license from the State of Illinois
- For each assistant, a drivers license or alternative photographic identification card issued by the State of Illinois or another state
- Certificate of liability insurance in a sum of not less than $1,000,000

SIGNATURE/TITLE/DATE
Please sign and date the application and provide your title with the business. The application must be signed by an owner, officer or partner.

I UNDERSTAND ANY MISREPRESENTATIONS SUBMITTED MAY BE CAUSE FOR DENIAL AND REVOCATION OF THE LICENSE. THE UNDERSIGNED DOES HEREBY SWEAR OR AFFIRM, UNDER PENALTIES OF PERJURY, THAT ALL STATEMENTS IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION AND THAT I HAVE PERSONALLY READ EACH AND EVERY QUESTION AND ANSWERED EACH AND EVERY QUESTION IN THIS APPLICATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF OSWEGO TO ISSUE THE LICENSE HEREIN APPLIED FOR; AND THAT THE PERSON OR PERSONS APPLYING FOR SUCH LICENSE ARE ALL OF GOOD MORAL CHARACTER AND HAVE NOT BEEN CONVICTED OF A FELONY; THAT IF A LICENSE IS GRANTED HEREUNDER, THE UNDERSIGNED WILL REVIEW AND NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, THE VILLAGE OF OSWEGO, RULES AND REGULATIONS AND THE CIVIL RIGHTS SECTIONS THEREOF AND IS NOT DISQUALIFIED BY REASON OF ANY MATTER OR THING CONTAINED IN THIS DOCUMENT.

PENALTY: Any person found liable/guilty by a preponderance of the evidence of a violation of Village Code, relating to this licensing, in an administrative/judicial hearing shall be subject to a class IV fine, plus applicable hearing costs, as provided in subsection 1-4-3G of this code.

Printed Name: _____ Date: _____
(Please print clearly)

Signed: _____
(Authorized Signature)

Title: _____