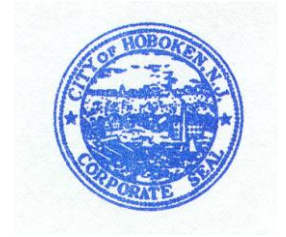




DIVISION OF FIRE
Bureau of Fire Prevention Investigation
201 Jefferson Street, Hoboken, NJ 07030
(201) 420 2268/9
Fax (201) 420 2227



APPLICATION FOR FIREWORK PERMIT TYPE 3

Print all information

Applicant/Licensed operator:	Address & Email:
City:	County:
State/Zip Code:	Phone: ()

Location & time for fireworks to be displayed, with proposed rain date:

Type of Activity: THE STORAGE OR DISCHARGING OF FIREWORKS. N.J.A.C. 5:70-2.7	Type of fireworks being discharged & amount:
Type of Device used for detonation:	List number of assistants who will be present:

Permit requested for following date(s): _____

I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the Fire Code, as well as any specific conditions imposed, and, if not, this permit may be revoked and I will be subject to penalties as provided by law. I also understand that PERMIT FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.

 Print Name

 Applicant Signature

 Title

 Date

See reverse side for information concerning your restrictions & administrative appeal rights.

Make checks/money order payable to Hoboken Fire Department and include address & phone number on check.

OFFICE USE ONLY			
PERMIT # _____	PERMIT TYPE: _____	CONDITIONS IMPOSED: YES NO	DENIED: _____ FEE: \$427.00
		<small>(CIRCLE ONE)</small>	
Inspector approving/issuing permit: _____	DFS #: _____		
Received; _____			

PERMITS NON-TRANSFERABLE AND NON-REFUNDABLE