



Permit #: _____
This application must be submitted
sixty (60) days prior to the proposed
event to allow for processing

Return to:
City of Concord
Code Administration
37 Green St
Concord, NH 03301
603-225-8580

Application for the Display of Class B or C Fireworks

Applicant Information

Name of Company: _____ Phone: _____

Name of Owner: _____ Phone: _____
First M.I Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Pyrotechnist Name: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____

Storage License #: _____

Display & Sales License #: _____

Proposed Dates: From: _____ To: _____ Proposed Hours: From: _____ To: _____

Certificate of Insurance: YES NO Competency Certificate: YES NO

Name of Event: _____

Sponsor of Event: _____

Sponsor Email: _____

Location of Event: _____

THIS LICENSE MAY BE REVOKED FOR JUST CAUSE, SHALL BE NON-TRANSFERRABLE AND VALID ONLY FOR ONE DISPLAY ACCORDING TO THE City of Concord Code of Ordinance AND RSA 158:9F

Applicant's Signature: _____ Date: _____

City Manager: _____ Date: _____

Police Chief: _____ Date: _____

Fire Chief: _____ Date: _____

Licensing Officer: _____ Date: _____