

Please return this form to Town Clerk, 300 South Main Street, Blacksburg, VA 24060 or to clerk@blacksburg.gov.
For more information, call the Town Clerk at 540-961-1147.

DATE: _____ HOUR: _____ DURATION: _____

PLACE: _____

PURPOSE: _____

PARTICIPANTS: _____

EXPECTED NUMBER OF PARTICIPANTS: _____

SPONSORS: (Individuals and organizations)

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

Applicant: (Person in charge and responsible for conduct of fireworks display and for compliance with all laws by participants.) – *Please see page 2: Insurance Requirements*

Name: _____

Address: _____

Phone _____ (cell) _____ (email) _____

Signature of Applicant

Date

(This application must be filed at least five (5) days prior to the Council meeting immediately preceding the date of the fireworks display.)

ACTION BY TOWN COUNCIL: DENIED ____ APPROVED ____ APPROVED WITH CONDITIONS ____

CONDITIONS:

DATE

TOWN CLERK