

Town Use Only

Permit Number:

Approved:

Date:



FIREWORKS DISPLAY PERMIT APPLICATION

Please complete all information - do not leave any spaces blank

Write N/A in spaces that do not pertain to your event.

Incomplete applications will not be processed.

PLEASE NOTE: SPECIAL EVENTS, AS DEFINED BY TOWN CODE CHAPTER 10-6, REQUIRE A SPECIAL EVENT PERMIT FROM THE TOWN OF MARANA PERMITS & RECORDS CENTER IN ADDITION TO ANY OTHER PERMIT.

This application must be filed with the Town Clerk at least 15 days prior to the date of the proposed fireworks display.

Instructions

- Complete all response fields in the application as instructed in each field.
- If payment is required, submit payment by one of the following:
 1. Phone with a debit/credit card by calling (520) 382-1999.
 2. Mailing a check or money order to 11555 W. Civic Center Dr., Marana, AZ, 85653.
 3. Dropping off a payment to the Marana Municipal Complex: 11555 W. Civic Center Dr., Marana, AZ, 85653.
- Complete and submit the form online, by mail, in person, or by emailing clerk@maranaaz.gov.
- The applicant will be notified via email of the decision regarding the application.

Licensing Time Frame

- References to A.R.S. § 9-495, A.R.S. § 9-834, and the Town of Marana's licensing timeframes are located at <https://www.maranaaz.gov/arsnotice>. By submission of this form, I hereby certify that I have read and understand A.R.S. §§ 9-495 & 9-834.

Contact Information and Clarification

- For questions or other communication regarding this form, please contact Nolette Hernandez at (520) 382-2618 or at clerk@maranaaz.gov.
- Please note that pursuant to A.R.S. § 9-836, an applicant may receive clarification regarding the Town's interpretation or application of a statute, ordinance, code, or authorized substantive policy statement as provided in A.R.S. § 9-839.
- Please visit <https://www.maranaaz.gov/town-clerk> for more information.

1. Applicant Name: _____ Date of Birth: _____

2. Applicant's Address: _____

Phone #: _____ Cell #: _____ Fax #: _____

Email Address: _____

3. Applicant's Occupation: _____

This permit is not transferable or assignable to any other individual or group and must be available for inspection by Town of Marana or Picture Rocks Fire/Medical District staff at all times prior to, during, and after the fireworks display.

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4. Business Address (if different from above):

Business Phone #:

Cell #:

Fax #:

Email Address:

5. Person who will carry permit in his/her possession during event:

Phone #:

6. Fireworks Display Date(s):

7. Start Time:

End Time:

8. Location of Fireworks Display (Please use a physical address, two intersecting streets or legal description where appropriate):

9. Current Zoning of Location (unless it is Town property):

10. Name of Fireworks Display Operator:

Date of Birth:

11. Operator's Address:

Phone #:

Cell #:

Fax #:

Email Address:

12. Provide a full description of the operator's qualifications and experience to operate a public display of fireworks (attach additional sheets if necessary):

13. Describe exact type and number of fireworks to be utilized at the public display:

14. Provide a complete description of the method, manner and handling of all fireworks, including, but not limited to, the storage prior to the public display and the manner in which the public display will be held. This description should include the discharge site, the fallout site, and the required separation distance from mortars to the spectator viewing areas in compliance with the most recent edition of the National Fire Protection Association 1123 Code for Fireworks Display. (Attach additional pages if necessary):

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15. Additional Requirements:

- Non-refundable fireworks display permit application fee in the amount set by the Town's Comprehensive Fee Schedule (not applicable to Town of Marana events; may be waived for non-profit corporations whose principal place of business is located within the Town)
- \$500 cash or surety bond conditioned upon payment of all damages which may be caused to persons or property by reason of the display (required by A.R.S. § 36-1604)
- Certificate of Insurance naming the Town of Marana as an additional insured for the fireworks display and evidencing Commercial General Liability insurance in an amount not less than \$5,000,000 per occurrence, \$5,000,000 aggregate

16. Indemnification Agreement: To the fullest extent permitted by law, the Applicant shall defend, indemnify and hold harmless the Town of Marana, its officers, officials and employees from and against all claims, damages, losses and expenses (including but not limited to attorney fees, court costs and the cost of appellate proceedings), relating to, arising out of, or alleged to have resulted from the Applicant's acts, errors, mistakes, omissions, work or service. Applicant's duty to defend, indemnify and hold harmless the Town of Marana, its officers, officials and employees shall arise in connection with any claims, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, injury to, impairment or destruction of property including loss of use therefrom, caused in whole or in part by any act, error, omission, work or service of the Applicant, anyone Applicant directly or indirectly employees or anyone for whose acts Applicant may be liable, regardless of whether it is caused by a party indemnified hereunder, including the Town of Marana.

If Applicant is acting on behalf of an organization/business, Applicant certifies that he/she is the agent of the organization/business, is acting on the organization's/business' behalf, and is duly authorized to execute this Indemnification Agreement on the organization's/business' behalf.

By signing below, Applicant acknowledges that he/she has read and agrees to abide by all the terms, conditions, rules and regulations outlined in Chapter 10-5 (Fireworks) of the Marana Town Code. Applicant further acknowledges that depending upon the nature and location of Applicant's fireworks display, additional permits may be required.

Applicant further certifies that he/she has read and understands all the terms of the Indemnification Agreement and agrees that he/she shall be bound by its terms and conditions.

Applicant Signature _____ Date _____

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|---------------------------------|------------------------------|-----------------------------|
| Permit Application Fee Paid: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cash/Surety Bond Provided: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Insurance Certificate Provided: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Picture Rocks Application: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

This permit is not transferable or assignable to any other individual or group and must be available for inspection by Town of Marana or Picture Rocks Fire/Medical District staff at all times prior to, during, and after the fireworks display.

APPROVED:

MARANA TOWN CLERK

DATE: _____

When signed by the Marana Town Clerk, this document constitutes a permit for a public display of fireworks pursuant to Chapter 10-5 of the Marana Town Code. Picture Rocks Fire/Medical District has discretion to override this permit and cancel the fireworks display due to the existence of safety hazard(s).

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