

**SPRING GARDEN TOWNSHIP
CHAPTER 147 OF CODE OF ORDINANCES**

FIREWORKS PERMIT

Name of Permittee _____

Address _____

Name of Operator _____

Address _____

Location of Display _____

Date of Event _____ Contact Phone # _____

Permitted Hours 5:00 p.m. to 10:30 p.m.

Application Fee _____

Proof of Bond _____

YAUFR Reimbursement Fee _____

Approved by

Spring Garden Township