MUNICIPALITY DF <b>G R E E N S T O N E</b>	
APPLICATION FOR PERMIT TO HOLD FIREWORKS DISPLAY	
NAME OF ORGANIZATION SPONSORING DISPLAY:	
NAME OF APPLICANT:	
DATE OF DISPLAY:	TIME:
EXACT LOCATION OF DISPLAY:	
NAMES, AGES AND ADDRESSES OF PERSONS WHO ARE TO SET OFF FIREWORKS:	
NUMBER AND KIND OF FIREWORKS TO BE DISCHARGED:	
MANNER AND PLACE OF STORAGE OF FIREWORKS PRIOR TO DISPLAY:	
Signature of Applicant	Date
FOR OFFICE USE ONLY	
I HEREBY ENDORSE THE FOREGOING FIREWORKS DISPLAY.	
Director of Protective & Planning Services	Date