



**Fire Chief
Mashantucket Fire & Emergency Services
101 Pequot Trail
PO Box 3226
Mashantucket, CT 06338**

APPLICATION FOR PERMIT TO DISPLAY SPECIAL EFFECTS

Applicant Instructions:

1. Application must be completed and returned to the above address.
2. Signatures REQUIRED in addition to printing or typing of all names.

Name of Applicant (Sponsoring Organization):

Address of Applicant:

Name of Authorized Agent of Applicant:

Telephone Number of Agent:

Date(s) of Display:

Time(s):

Exact Location of Display:

Name of show:

For indoor/outdoor of special effects, submit a diagram drawn to scale showing: (1) the location; (2) type of device i.e., flashpots, gerbs, concussion mortars, etc.; (3) its proximity to any fixture or temporary equipment and devices (including musical instruments); (4) to the audience; (5) the location and type of detonation mechanisms i.e., battery operated, AC/DC, and specify type, chemical composition and amount to be used in each device.

Number and Types of Special Effects to be discharged:

Special Effects Manufacturer or Vendor:

Name of Authorized Agent of Special Effects Contractor:

Address of Agent:

Telephone:

Manner and Place of Special Effects Storage Prior to Display (*Must be approved by Fire Marshal or Deputy Fire Marshal*):

THIS DISPLAY MUST BE FIRED BY OR UNDER THE DIRECT SUPERVISION OF A PERSON
POSSSSING A VALID CT DEPARTMENT OF PUBLIC SAFETY CERTIFICATE OF COMPETENCY
FOR: (Indicate Type of Certificate): SPECIAL EFFECTS LIMITED SPECIAL EFFECTS

Name of Person Who Will Fire Display:

Certificate of Competency Number:

Name of Insurance Company Covering the Applicant:

Name of Applicant if Other than Sponsor:

Amount of Insurance:

Policy Number:

Name of Insurance Company Covering the Independent Contractor/Special Effects Operator:

Amount of Insurance:

Policy Number:

This Application Has Been:

 Approved *Denied on this day of , 20

Print or Type Names:

 Director Risk Management or Designee

 Fire Chief or Deputy Chief

*Application is denied because:

**SIGNATURES REQUIRED IN ADDITION TO PRINTING OR TYPING OF NAMES:

OFFICE USE ONLY

DATE RECEIVED: _____

CHECKED BY: _____

PERMIT NUMBER: _____