

Franklin County Public Safety



Liability Form for the Issuance of a Fireworks Permit

APPLICANT NAME: _____

SSN: _____ **SEX:** _____ **RACE:** _____ **DOB:** ____/____/____

ORGANIZATION: _____

ADDRESS OF APPLICANT: _____

BUSINESS TELEPHONE: _____ **HOME TELEPHONE:** _____

LOCATION OF DISPLAY: _____

DATE/TIME OF DISPLAY: _____

By my signature I hereby attest that I have been informed and understand all the restrictions and provisions as set forth by the County of Franklin and the Commonwealth of Virginia in regard to the purchase, transportation, storage, sale and detonation of entertainment explosive devices commonly referred to as fireworks. I furthermore accept full and total responsibility for any damages or injury to property or individuals resulting from any and all acts or omissions and the direct or indirect use of such devices.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____