

Application for a fireworks display or special effects permit

Use this form to apply for a permit to conduct a single fireworks display or special effects as per Regulations 141, 142 & 143 of the Dangerous Goods Regulations 1985.

A permit is valid only for a single display. Separate permits are required for each display or series of displays.

For further information, refer to the bulletin requirements to conduct an approved fireworks display or special effects and the licensing fees and charges page for application fee.

Note: At least 5 days' notice is required before commencement of display.

Application type: Fireworks display Special effects

1. Permit period

Display date:		Start time:		End time:	
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2. Business details

Business name:		ABN:			
Contact person:		Position:			
Postal address:					
Suburb:		State:		Postcode:	
Work number:		Mobile number:			
Email address:					

3. Display operator details

Shotfirer name:		Contact number:	
Licence number:		Expiry date:	

4. Person assisting

The licence holder must ensure that there is a minimum of two persons conducting each outdoor display, including the licence holder. The other persons assisting must be over 18 years of age and trained and competent in the safe operation of pyrotechnics/fireworks.

Full name:		Date of birth:	
Mobile number:			
Full name:		Date of birth:	
Mobile number:			

5. Display reason

Please provide a reason for the display below:

Event organiser/controller:		Mobile number:	

6. Display location

Site name:					
Site address:					
Suburb:		State:		Postcode:	

7. Fireworks supplier details

Supplier name:						
Business address:						
Suburb:		State:		Postcode:		
Contact number:		Email address:				

8. Storage location

Site name:						
Site address:						
Suburb:		State:		Postcode:		
Type of goods stored at this location (if applicable):						
Explosive business licence number:		Expiry date:				

9. Method of ignition

Electric firing: <input type="checkbox"/>	Hand firing: <input type="checkbox"/>
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10. Display risk assessment

I confirm a written risk assessment has been/will be completed prior to the intended display and available if requested by an authorised officer.	<input type="checkbox"/>
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11. Public liability

Current public liability insurance attached? (Policy must be current at time of the display)	<input type="checkbox"/>
Expiry date:	

12. Notice of display

Newspaper advertising	
Newspaper name:	
Advertisement date:	
Letter box drop	
Quantity of letter box drop:	
Copy of flyer attached:	

13. Notification requirements (the following sections to be completed by the relevant organisation)

Site name:		Date:	
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NT Fire and Rescue Service/Bushfires NT

Name:		Position:	
Phone number:		Email address:	
Do you object to a permit being issued? (if yes, provide reason below):	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Reason for objection:			
Signature:		Date:	

NT Police

Name:		Position:	
Phone number:		Email address:	
Do you object to a permit being issued? (if yes, provide reason below):	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Reason for objection:			
Signature:		Date:	

Local council

Name:		Position:	
Phone number:		Email address:	
Do you object to a permit being issued? (if yes, provide reason below):	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Reason for objection:			
Signature:		Date:	

14. Receiving permit

I acknowledge the permit will be emailed to the contact email provided above (business details)	<input type="checkbox"/>
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15. Applicant declaration

I do solemnly declare that the information in this application is true and correct to the best of my knowledge. I consent to the Competent Authority making enquiries and exchanging information with regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.			
Applicant name:			
Applicant signature:		Date:	

Checklist

Application is complete and signed	<input type="checkbox"/>
Prescribed application fee (see licensing fees and charges page)	<input type="checkbox"/>
Site plan attached - including minimum safety distances, crowd locations, firing location, location of buildings and other hazards	<input type="checkbox"/>
Site specific SWMS attached	<input type="checkbox"/>
SDS of all fireworks available (ability to supply if/when requested)	<input type="checkbox"/>

Privacy statement

The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to NT WorkSafe and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT.

Lodgement

Complete applications can be lodged in person, email or via post at a Territory Business Centre below:

Darwin	Darwin Corporate Park, Building 3, 631 Stuart Highway Berrimah	
Katherine	Big Rivers Government Centre - 5 First Street	
Alice Springs	Ground floor, The Green Well building, 50 Bath Street	
Tennant Creek	Shop 2, Barkly House, Cnr Davidson and Patterson Street	
Phone: 1800 193 111	Email: territorybusinesscentre@nt.gov.au	Postal: GPO Box 9800, Darwin, NT 0801