

FIRE-RESCUE DEPARTMENT
 Thomas DiBernardo
 Fire Chief



Phone: (954) 746-3400
 Fax: (954) 746-3455

FIREWORKS PERMIT APPLICATION		
RETAIL SALE <input type="checkbox"/> South Florida Fire Code 5238	DISPLAY-OUTDOOR <input type="checkbox"/> NFPA 1123	DISPLAY-INDOOR <input type="checkbox"/> NFPA 1126
C O M P A N Y	PERSONNEL <hr/> OPERATOR - LICENSE NUMBER <hr/> ASSISTANT <hr/> ASSISTANT <hr/>	
	SHOOT LOCATION <hr/> DATE <hr/> ADDRESS <hr/> LEGAL DESCRIPTION(OPTIONAL) <hr/>	
	LOAD IN TIME <hr/>	
	PROPERTY OWNER/AGENT <hr/>	
S P O N S O R	NAME <hr/>	
	ADDRESS <hr/>	
	TELEPHONE VOICE FAX <hr/>	
	REPRESENTATIVE TITLE <hr/>	
T H E S H O O T	AERIAL DISPLAY-SIZE, TYPE AND NUMBER(ATTACH ADDITIONAL SHEET IF REQUIRED) <hr/>	
	FIXED DISPLAY- SIZE, TYPE AND NUMBER(ATTACH ADDITIONAL SHEET IF REQUIRED) <hr/>	
	STORAGE LOCATION: TRANSPORTATION ROUTE: <hr/>	
IGNITION METHOD: MANUAL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WIRELESS <input type="checkbox"/> (OPERATING FREQUENCY _____)		
C E R T I F C A T I O N	I hereby certify that I have read this application and that all information contained herein is true and correct to the best of my knowledge. I agree to comply with all State Statutes, City Ordinances, and all Federal, State and local regulations; that I am authorized by the organization named herein to act as its agent for the herein described activity. That I, and the organization on whose behalf I make this Application, hereby represent, stipulate, contract and agree that we will jointly and severally indemnify and hold the City harmless against all liability, including court costs and attorney fees, for any and all claims for damage to property, or injury to or death of persons arising out of or resulting from the issuance of the permit or conduct or the activity of which it was issued for and the actions or failure to act on the part of the applicant's representatives, employees, agents, servants, assignees, invites, or any persons connected to the applicant.	
	DATE _____ SIGNATURE _____	
	State of Florida County of _____	
	Sworn to and subscribed before me this _____ day of _____, 20____	
	Notary Public _____ My commission expires _____	