



FIRE RESCUE DEPARTMENT

John K. McNamara
Fire Chief

Phone: (954) 746-3400

Fax: (954) 746-3455

FIREWORKS/STATE APPROVED SPARKLERS PERMIT APPLICATION

<input type="checkbox"/> RETAIL SALE FFPC (current edition), F.S. 791 and 69A-50		<input type="checkbox"/> DISPLAY-OUTDOOR NFPA 1123		<input type="checkbox"/> DISPLAY-INDOOR NFPA1126	
COMPANY	NAME:			PERSONNEL:	
	ADDRESS:			OPERATOR-LICENSE NUMBER:	
	PHONE:		FAX:	ASSISTANT:	
	INSURANCE COMPANY NAME (ATTACH COPY OF CERTIFICATE):			ASSISTANT:	
SPONSOR	NAME:			SHOOT LOCATION:	
	ADDRESS:			DATE:	
	PHONE:		FAX:	ADDRESS:	
	REPRESENTATIVE (NAME & TITLE):			LEGAL DESCRIPTION (OPTIONAL):	
	PROPERTY OWNER/AGENT:			LOAD IN TIME:	
THE SHOOT	FIREWORKS	AERIAL DISPLAY-SIZE, TYPE AND NUMBER (ATTACH ADDITIONAL SHEET IF REQUIRED)			
		FIXED DISPLAY-SIZE, TYPE AND NUMBER (ATTACH ADDITIONAL SHEET IF REQUIRED)			
		STORAGE LOCATION:		TRANSPORTATION ROUTE:	
IGNITION METHOD: <input type="checkbox"/> MANUAL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WIRELESS – OPERATING FREQUENCY _____					
CERTIFICATION	I hereby certify that I have read this application and 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 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 (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, 20____, by _____ (name of person making statement).				
Notary Public _____ My commission expires _____					