



FIREWORKS DISPLAY/ SPARKLER VENDOR PERMIT APPLICATION

APPLICANT SERVICES
 (850) 891-7125 FAX: 891-0948
FIRE DEPARTMENT
MAURICE MAJSZAK
 891-7179 OR
BABETTE BARNES
 891-7196 FAX: 891-7099

Mailing: 300 South Adams St., B-28
Tallahassee, Florida 32301

www.talgov.com

Location: 435 N Macomb St.
Tallahassee, Florida 32301

Date: _____

Fireworks Display/Sparkler Vendor Permit: TFA

Type = 01 – Classification = 16

APPLICANT INFORMATION:

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email Address: _____

SPONSOR INFORMATION (If Different):

Name: _____ Contact: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

DISPLAY INFORMATION:

Date/Time: _____
 Location (Attach Map): _____
 Inventory (see reverse) _____ Close Proximity Code Applies: Yes _____ No _____
 Secured distance: _____ Rain Date: _____
 Lead Shooter: _____
 Certifications: _____
 Insurance (attach copy): _____
 Shooters License (attach copy): _____

SPARKLER VENDOR INFORMATION:

Dates/Times: _____
 Location (attach map): _____
 Insurance (attach copy): _____
 State of Florida Seasonal Retailer Certificate of Registration (attach copy) _____
 Inventory (see reverse): _____
 Property Owner Affidavit (attach copy): _____

<u>Description</u>	<u>Base Fee</u>	<u>20% BIFS</u>	<u>=</u>	<u>Total</u>
FIREWORK DISPLAY:	\$ 104.00	+ \$ 20.80	=	\$ 124.80
FIREWORK VENDOR:	\$ 135.00	+ \$ 27.00	=	\$ 162.00

Total Fees: \$ _____

Applicant Signature: _____

Date: _____

Fire Inspector Signature: _____

Date: _____

