



Suwannee County Fire Rescue
Fire Prevention Division
 13530 80th Terrace
 Live Oak, FL 32060
 Phone: 386-208-1484 Fax: 386-364-3488

Permit Application for Firework Sales

GENERAL			
Name of person, firm, partnership or corporation engaging in the sale of fireworks.			
Name:		Phone:	
Address:			
Contact Person.			
Name:			
Address:			
Phone:	Fax:	Email:	
Federal License #:			
Bond/ Certificate of Insurance in the amt of:			
Address where records will be maintained and available for review.			
Address:			
SITE MANAGER INFORMATION			
Name:			
Permanent Address:			
Phone:	Fax:	E-mail:	
Driver's License:			
Age:	Date of Birth:	Cell #	
Date & Time available for Inspection:			
PER AUTHORITY HAVING JURISDICTION			
ATF License:	Yes	No	License #
State Fire Marshal registration:	Yes	No	Registration #
Is the applicant we required to have Workers Comp Coverage? Yes No If Yes provided documentation			
CONDITIONS OF PERMIT			



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1. The applicant shall have a site inspection and approval by Suwannee County Fire Rescue prevention division prior to the sale of fireworks.
2. The applicant shall comply with all applicable requirements of the Florida Statutes, the State Fire Marshal's Rules and Regulations, the Florida Fire Prevention Code, and all other applicable codes and standards.
3. The applicant must provide liability insurance in the minimum amount of \$1,000,000.00 in which Suwannee County is named as a co-insured (attach copy of policy).
4. Must provide a statement of property owners permission.
5. Provide a copy of the certificate of flame resistance of temporary tent.
6. Provide a floor plan of the temporary tent layout.

APPLICATION INFORMATION CONTINUED

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, County ordinances, federal, state, and local regulations which governs the sale of fireworks. I certify that I am authorized by the organization name here in to act as its agent for the herein – described activity. I and the organization on whose behalf I make this application, hereby represent, stipulate, contract, and agree that we jointly and severally indemnify and hold Suwannee County 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 issuance of the permit or the 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, invitees, or any persons connected to the applicant.

SIGNATURE

NOTICE

The name of the person signing, along with their title, is to be typed immediately below the signature line. Proof that a person is signing is in fact an authorized representative of the applicant is to be offered prior to notarizing the signature.

Signature:

Name (printed or typed):

Title (printed or typed):

FIRE OFFICIAL USE ONLY BELOW THIS LINE

Fire Department:	Approved	Disapproved
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Fire Official's Representative:		Date
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Reviewer's comments/required equipment.

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Instructions for completing the Permit Application:



Suwannee County Fire Rescue

Fire Prevention Division

13530 80th Terrace

Live Oak, FL 32060

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Careful completion of the form will help to avoid delays in processing. It is important that you follow the instructions and provide clear and accurate information. Submit all necessary documents with the application.

When filling out this form:

- Do not use white-out on application or attachments
- Type or use Black Pen and print clearly
- Do not write in the fire official use section
- Submit 10 days prior to the event.
- Include a floorplan layout of the temporary tent.
- Include Certificate of Liability Insurance.
- Include Payment of \$50.00
- Checks or money orders should be made payable to Suwannee County Fire Rescue.
- Application shall be mailed to: 13530 80th Terrace, Live Oak, FL 32060.