



**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.tal.gov.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: _____

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) _____

FIREWORK DISPLAY FEE: \$104.00
FIREWORK VENDOR FEE: \$135.00

Applicant Signature: _____

Total Fees: \$ _____

Fire Inspector Signature: _____

Date: _____

