



City of Mary Esther Fire Department

Life Safety Bureau

Application for Fireworks Sales Permit

Date _____

L/S Permit# _____
(Office Use Only)

Date of Sale: _____ Time Display is to Start: _____; End: _____

Display Sponsor: _____

Contact Person: _____

Phone Number: _____ Cell Number: _____ Fax Number: _____

Name of Display Supervisor: _____

Phone Number: _____ Cell Number: _____ Fax Number: _____

Address: _____

Location of Planned Sale: _____

Notice to Applicant:

1. A minimum of one type 4A: 60 BC fire extinguisher manned by capable personnel to extinguish a fire in an emergency is required in both discharge and storage areas.
2. Inspection by our department is required on the scheduled date of the display, prior to sale of fireworks. Please notify our office 24 working hours prior to scheduled date of display to schedule the inspection.

* **Note: The Fire Marshal may revoke the fireworks display permit at any time a hazardous condition should arise.**