



St Augustine Fire Department
101 Malaga Street, St. Augustine, FL 32084
904-825-1098 Fax 904-825-1093

Public Fireworks Display Permit

Company/Organization Seeking Permit _____

Mailing Address _____

Contact Person _____ Phone Number _____

Display Location _____ Address _____

Date of Event _____ Start Time of Event _____ End Time of Event _____

Display Operator (On-Site individual in charge of firing display) _____

Date of Birth _____ Driver's License _____ State _____

Location/Address Fireworks Storage Prior to Display _____

Copies of the following documents must be attached to this permit application.

1. Training certificate for operator showing completion of an approved course for fireworks display **OR**, employees of a licensed fireworks manufacturer may submit a letter from their employer verifying that they have received training in the laws, regulations, and safety practices relating to the discharge of fireworks, including NFPA 1123. Contact the Fire Marshal's office for other methods of meeting this requirement.
2. Site Plan for display area showing location of firing areas, fallout areas, location of ground display pieces, spectator viewing areas, parking areas, adjacent building locations, overhead obstructions, and roadways. The plan must be to scale or must have all relevant distances shown in order to determine whether recommended separation distances have been met.
3. List of all firing assistants, including full name and age.
4. Description of the number and type of personnel (employees, security staff, contact law enforcement, etc.) who will function as monitors to prevent spectators or other unauthorized persons from entering the discharge site.
5. Type and number of fireworks devices to be used (please attach copy of inventory sheet).
6. Insurance policy which includes liability coverage for the event, or other acceptable proof of financial responsibility (minimum of \$1,000,000 coverage).

Name _____ Signature/Date _____

OFFICIAL USE ONLY

ISSUED DATE _____ EFFECTIVE DATE _____ EXPIRATION DATE _____
APPROVED _____ REJECTED _____ FIREWORKS PERMIT # _____

Signature of Fire Department Representative / Date _____