

CITY OF ORANGE CITY
205 E. GRAVES AVENUE
ORANGE CITY, FL. 32763
386-775-5415

Fireworks Application

Date Received _____ Permit # _____

Annual Retail _____ Seasonal Retail _____

Business Name: _____

Business Address _____

Business Telephone # _____ Fax # _____ E-mail _____

Business Owner Name _____

Business Owner Address _____

Business Owner Telephone # _____ Fax # _____

Contact Person _____ Telephone # _____

Company/corporate License Holder _____

Contact _____

Federal License # _____ Expiration Date _____

State Retail License # _____ Expiration Date _____

Location for Retail License (*Must be address specific*) _____

State Wholesale License # _____ Expiration Date _____

What kind of storage is to be used? _____

What kind of Electricity Service will be used? _____

What kind of Sign or Banner will be used? _____

Will you be using a tent? _____

Please provide the following information:

1. Copies of all licenses
2. Product list of items to be sold.
3. Letter of Authorization from property owner
4. 3 Copies of Site plan or building plan indicating set backs in accordance with NFPA 1124
5. Proof of Insurance (Certificate of Liability and Property damage)
6. Receipt of Port-o-let or copy of contract including date to be removed from property.
7. If using **Pods** for storage a copy of contract with pick up within 3 days of business closing.
8. Sign or Banner permit from the Development Services Department
9. Tent permit from the Development Services Department, with corresponding NFPA 102 standards.

Signature of Applicant

Date

Director of Development Services

Date