

Indoor/Outdoor Display  
 Permit Application

Fire Safety Management (863)834-8201  
 Facsimile (863)834-8222

Please print or type all information below. Incomplete applications will be returned.

Permit fee payment is due with submittal of application. Permit fees are not refundable once the application has been processed.

Date:	Fireworks <input type="checkbox"/>	Pyrotechnics <input type="checkbox"/>	Special Effect <input type="checkbox"/>
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Type of Display (Check One)

Show Name:	
Show Address (Include City, State, and Zip Code):	
Ceiling Height:	Total Clear Area Around Discharge Site:

Business Name:		
Business Address:	E-mail Address:	
Telephone Number:	Fax Number:	Emergency Number:

Operator's Name:	City of Lakeland Certificate Expiration Date:	
Permanent Address:		
Telephone Number:	Fax Number:	E-mail Address:
Driver's License Number:	Age:	Date of Birth:
Federal License Number:	State License Number:	Other License:

Starting Date and Time:	Ending Date and Time:
Amount of Explosives to be Discharged Per Show:	
Explosives to be Used (Diameter of Mortars if Used):	
NOTE: If the display is within a building, only the amount of explosives to be used in one show shall be allowed inside the building at any given time. Additional amounts shall be stored in accordance with criteria set forth by the State Fire Marshal's Rules and Regulations.	

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 federal, state, and local regulations. I certify that I am authorized by the organization named herein to act as its agent for the herein-described activity. I hereby stipulate, contract, and agree to severally indemnify and hold the City of Lakeland 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, assignees, invites, or any person connected to the applicant.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (Print or Type): \_\_\_\_\_ Title: \_\_\_\_\_

Application Received By:	<b>Official Use Only</b>		
Permit Fee:	Check Number:	Receipt Number:	
Reviewer:	Date:	Disapproved <input type="checkbox"/>	Approved <input type="checkbox"/>
		Permit Number:	