



**City of North Port Fire Rescue District**  
**4980 City Center Boulevard**  
**North Port, Florida 34286**



**Permit Application for the Use of Outdoor Fireworks Displays**  
**30 Calendar Days Advance Notice Required**

Please complete all sections of this form as required.

Date of show:	Times of Permit:
Show Name:	
Show Address:	
Contact Name:	
Contact Phone:	
Contact Address:	

**Pyrotechnic Vendor/Applicant:**

Business Name:	
Business Address:	
Telephone #:	Fax #:
Email:	

**Operator for set-up and display:**

Operator's Full Name:		
Permanent Address:		
Telephone/Cell #	Driver's License #:	Copy Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>
Age:	Date of Birth:	
ATF Federal License #:	Date of Expiration:	Copy Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>
Board Certificate Insurance in the amount of:		

All applicants may be subject to background checks at the discretion of the permitting authority.

Check here if Additional Operators and Assistants will be present at the show and attach Form A with the required information. Proof of Identification will be required at the time of arrival and set-up for all Operators and Assistants. Only those pre-approved on the applications will be permitted on site.

Checklist of attachments to be provided with this request:

Fill in all sections that apply

Applicant Check all that apply	Attachments provided	Office Use Only	
		Approved	Disapproved
<input type="checkbox"/>	Copy of valid ATF and/or State Explosives License.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Valid Driver's Licenses for all operators and assistants	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	A color detailed site plan and diagram must be submitted showing the point at which the fireworks are to be discharged, the location of all nearby buildings, highways and other lines of communication, the lines behind which the audience will be restrained and the location of nearby trees, telephone lines and overhead obstructions. Please indicate the approximate distance from the discharge site.	<input type="checkbox"/>	<input type="checkbox"/>



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Applicant Check all that apply	Attachments provided	Office Use Only	
		Approved	Disapproved
<input type="checkbox"/>	Timeline schedule and Que List for the day of event for delivery, set-up, discharge, and clean up.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Attach list of the quantity, type and size of fireworks to be discharged.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Details for means of ignition and location control points.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Details for delivery, storage, security, and safety precautions.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Details for site inspection after display and clean-up of debris or remaining material.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Details on the number, type and location of fire extinguisher provided by the Applicant.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	The person to whom a permit has been issued shall arrange for the detailing of at least one (1) member or more of the North Port Fire and Rescue District as may be deemed necessary by the Fire Marshal or Chief of the Fire Department. The expense for such firefighter(s) shall be paid by the permittee. The permittee shall also be responsible for contacting the North Port Police Department to make any and all arrangements for police details as required for permitting.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Proof of General Liability Insurance for the pyrotechnics display in an amount not less than \$5,000,000 per occurrence, \$10,000,000 general aggregate and \$6,000,000 products/completed operations aggregate. The City of North Port shall be listed as insured along with other sponsors or entities such as an individual facility management company as needed.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Documentation from sponsors, entities or facility management company granting the request for the pyrotechnics display for a specified location.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	If the display is to be conducted on City property, a "Special Events Permit" must be obtained from the Building Department. Please attach a copy of the permit.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Attach a copy of the VIN number, license plate and make and model of the vehicle. Department of Transportation placarding must be displayed on the vehicle while transporting Class "B" explosives.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

By affixing your signature to this application, you acknowledge that all of the information you have provided is accurate. You also acknowledge that you have read, understood and comply with all of the requirements set forth in **NFPA 1123, Code for Fireworks Display, 2010 Edition** and **Florida Fire Prevention Code, 6th Edition**.

Signature of Permittee: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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## FORM A

### Additional Operators and Assistants:

Please complete all sections of this form as required.

Operator's Full Name:		
Permanent Address:		
Telephone/Cell #	Driver's License #:	Copy Provided: Yes / No
Age:	Date of Birth:	
ATF Federal License #:	Date of Expiration:	Copy Provided: Yes / No
Board Certificate Insurance in the amount of:		

Operator's Full Name:		
Permanent Address:		
Telephone/Cell #	Driver's License #:	Copy Provided: Yes / No
Age:	Date of Birth:	
ATF Federal License #:	Date of Expiration:	Copy Provided: Yes / No
Board Certificate Insurance in the amount of:		

Operator's Full Name:		
Permanent Address:		
Telephone/Cell #	Driver's License #:	Copy Provided: Yes / No
Age:	Date of Birth:	
ATF Federal License #:	Date of Expiration:	Copy Provided: Yes / No
Board Certificate Insurance in the amount of:		

Operator's Full Name:		
Permanent Address:		
Telephone/Cell #	Driver's License #:	Copy Provided: Yes / No
Age:	Date of Birth:	
ATF Federal License #:	Date of Expiration:	Copy Provided: Yes / No
Board Certificate Insurance in the amount of:		

Operator's Full Name:		
Permanent Address:		
Telephone/Cell #	Driver's License #:	Copy Provided: Yes / No
Age:	Date of Birth:	
ATF Federal License #:	Date of Expiration:	Copy Provided: Yes / No
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