



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

CERTIFICATE OF SPARKLER REGISTRATION
BUREAU OF FIRE PREVENTION
REGULATORY LICENSING SECTION

MAIL TO: Revenue Processing Section
 Post Office Box 6100
 Tallahassee, FL 32314-6100

In compliance with the provisions of Chapter 791, Florida Statutes, application is hereby made for a Certificate of Registration for the type and class listed below:

| Type | Class | F/T | Retailer | Fee |
|------|-------|-----|----------|---------|
| 07 | 64 | L | | \$15.00 |

Make check payable to the State Fire Marshal

ALL INFORMATION REQUESTED IS REQUIRED
 PRINT LEGIBLY OR TYPE

- Business Name: _____
- Business Address: _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____ County _____
- Mailing Address: _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____ County _____
- Telephone Number: _____ Fax Number: _____
- If Corporation, list corporate officers: _____
- Contact Person: _____
- Address: _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____ County _____
- Telephone Number: _____ Fax Number: _____
- Retail Location Where Sparklers Will be Sold: _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____ County _____

I, _____, certify that the information contained in this application and all attachments are true and correct to the best of my knowledge.

Signature of Applicant: _____

Print or Type Name of Applicant: _____

State of _____

County of _____

Sworn to and subscribed before me this _____ by _____
 Day, Month, Year

who is personally known or who has produced _____ as identification, and who has has not taken an oath.

Seal

 Notary Signature

 Type, Print or Stamp Name

