

Permit Application for the Use of Pyrotechnic Displays

30 Calendar Days Advance Notice Required

Please print to fill in all sections except those underlined as office use only.

Date of show starting:	Date of show ending:
Show Name:	
Show Address:	
Name of Contact:	
Ceiling Height (ft):	Minimum distances to audience provided (ft):

Pyrotechnic Vendor (Applicant):

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

Operator's Name:	
Permanent Address:	
Telephone #:	Drivers License #:
Age:	Date of Birth:
Federal License #:	
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 except those underlined as Office use only.

Applicant to check each provided	Attachments	<u>This colum for Office Use</u>	
		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 Drivers Licenses for all operators and assistants.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Detailed overall site diagram with seating configuration and information outlined in the Guidelines. Include building features, exits, scale, requested staging areas etc.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stage Plot with device positioning and number, fall out zones, extinguisher locations, controls, etc. Detail minimum distances to performers and audience.	<input type="checkbox"/>	<input type="checkbox"/>

Applicant to check each provided	Attachments Continued	This colum for Office Use	
		Approved	Disapproved
<input type="checkbox"/>	Proof of fire retardancy for all proposed stage scenery, backdrops, and clothing (to be obtain from sponsor to attach here)	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	At least 2 letters of reference from recent events.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MSDS's for all proposed effects.	<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"/>	Proof of General Liability Insurance for the pyrotechnics display in an amount not less than \$1,000,000 per occurrence. The Board of Trustees, The Florida Division of State Fire Marshal Bureau of Fire Prevention, and the State of Florida shall be listed as additionally insured including other sponsors or entities such as and individual facility management companies as needed.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

Additional Operators and Assistants:

Operator's \ Assistant's Name:	
Permanent Address:	
Telephone #:	Drivers License #:
Age:	Date of Birth:
Federal License #:	

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Permanent Address:	
Telephone #:	Drivers License #:
Age:	Date of Birth:
Federal License #:	

Proof of Identification will be required at the time of arrival and set-up for all Operators and Assistants. Make additional copies of this page as needed.