



City of Temple Terrace Fire Department



Permit / Affidavit To Sell Only State of Florida Approved Fireworks

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Location where only legal fireworks will be sold: (Retail information)

Location: _____

City: _____ State: _____ Zip: _____

Name of Business: _____

Phone: _____

Please attach copies of the following documents:

- ___ City of Temple Terrace Occupational License
- ___ Hillsborough County Occupational License
- ___ State of Florida Sales Tax Certificate
- ___ State Fire Marshal's Certificate of Registration

Who is the wholesaler/distributor? _____

Please attach copies of County and State Occupational Licenses for wholesaler/distributor.

Contacts (in case of emergency):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

AFFIANT

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____, BY

(Seal)

Notary Public, State of Florida

My Commission Expires: _____

Personally Known ___ OR Produced Identification ___

Type of Identification Produced: _____

**RETURN TO: TEMPLE TERRACE FIRE DEPARTMENT
124 BULLARD PARKWAY
TEMPLE TERRACE, FL 33617**