



**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: _____

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

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DATE PERMIT ISSUED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BY: \_\_\_\_\_

THIS PERMIT IS IN EFFECT FOR ONE YEAR FROM DATE OF ISSUE.