



ARLINGTON COUNTY FIRE DEPARTMENT

Fire Prevention Office
2100 Clarendon Boulevard, Suite 400
Arlington, VA 22201



TEL 703.228.4644

www.arlingtonva.us

FAX 703.228.7097

Firework Permit Application for Sales, Storage or Use (\$500.00 per Permit)

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____

Emergency Contact Name: _____ Emergency Phone #: _____

Business or Org. Represented: _____

City: _____ State: _____ Zip Code: _____

Firework Permit Type: *(please check one)*

Retail Sales (45 Day Permit) Wholesales (45 Day Permit) Display or Use (1 Day)

Location of sale, storage or use: _____

Name of supervisor or contact of location: _____

Start Date: _____ Finish Date: _____

Will the firework be stored in another location? *(please check one)* yes no

If yes, Where? _____

Wholesale Supplier: _____

Address of Supplier: _____

Name of Insurance Company: _____

Name of Insurance Agent: _____

Phone #: _____ Insurance Effective Date: from _____ to _____

**THE APPLICANT AGREES TO COMPLY WITH ALL RULES AND REGULATIONS AS SET FORTH
IN THE FIRE PREVENTION CODE AND WILL BE HELD LEGALLY RESPONSIBLE FOR
ANY VIOLATIONS OF THE FIRE PREVENTION CODE.**

Signature of Applicant: _____ **Date:** _____

The mission of the Arlington County Fire Department is to provide essential emergency and non-emergency services. We are a quality organization dedicated to answering the needs of the Community with highly skilled people who care. We are committed to eliminating threats to life safety and property through education, prevention, and effective response to fire, medical and environmental emergencies. We will achieve our mission through teamwork, professionalism and a commitment to the people we serve.