

## ARLINGTON COUNTY FIRE DEPARTMENT



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

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FAX 703.228.7097

## Firework Permit Application for Sales, Storage or Use

Fees shall be levied in accordance with the Arlington County Fire Prevention Code for operational permits and related inspections.

Applicant Name:			
Address:			
City:	State: Zip Code:		
Business Phone:			
Emergency Contact Name:	Emergency Phone #:		
Business or Org. Respresented:_			
City:	State: Zip Code:		
Firework Permit Type: (please of	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	flocation:		
Start Date:	Finis	h Date:	
Will the firework be stored in an	other location? (please	se 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
		LL BE HELD LE	GALLY RESPONSIBLE FOR
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.