



PASCO COUNTY FIRE RESCUE *Fireworks Display Application Information*

All items in this packet must be completed and returned to Pasco County Emergency Services Department, no later than **30 days**, prior to the date of the proposed display date.

Required forms:

- Application for fireworks display.
- A site-plan including display location, discharge site, potential landing zone for debris and adjacent areas.
- Certificate of insurance evidencing liability coverage for the display, the amount of coverage, and naming Pasco County as an additional party insured.

FEES:

Application Fee (non-refundable) - \$50.00

*Payable to: Pasco County Board of County Commissioners

Inspector Stand-by Fee- Fee to be determined by the Fire Marshal dependent upon duration of display. (2-hour minimum at \$40.00 per hour)

*Payable to: Pasco County Board of County Commissioners

Donation- To the Volunteer Organization providing Engine Company at Event

*Payable to: Volunteer Organization- Check with Engine Company.

**Send Applications and Payments to: 4111 Land O' Lakes Blvd. #208
Land O' Lakes, FL 34639**

PASCO COUNTY FIRE PREVENTION

APPLICATION FOR FIREWORKS DISPLAY

This application must be filled out in its entirety and returned to the Pasco County Emergency Services Department no later than thirty (30) days prior to the date of the proposed display. The following items must be submitted along with the application:

1. An application fee of \$50.00 made payable to:
Pasco County BOCC. (This fee is nonrefundable).
2. A certificate of insurance evidencing liability coverage for the display, the amount of coverage, and naming Pasco County as an additional party insured.
3. A site-plan of the proposed display location including, the discharge site, potential landing zone for debris, and the adjacent areas.

NAME OF ORGANIZATION APPLYING: _____
 Address: _____
 Contact Person: _____ Phone #: (____) _____

LOCATION OF PROPOSED EVENT: _____

 Date and Time of Event: ____/____/____ :____:____
 Rain-out Alternate: ____/____/____ :____:____

COMPANY OPERATING DISPLAY: _____
 Address: _____
 Operator Supervising Display: _____
 Phone #: (____) _____
 Operator's Qualifications (include copies of licenses/permits):

TYPE OF FIREWORKS: Ground Devices Aerial Devices

COMPLETE FOR ALL AERIAL DEVICES:

Shell Size	Amount	Max. Ht.	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ON-SCENE FIRE PROTECTION BY: _____

