



# MOBILE FIRE RESCUE DEPARTMENT FIRE CODE ADMINISTRATION

## Fireworks Display Permit

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Permit Fee: \$ \_\_\_\_\_

Name of Person Reviewing Application: \_\_\_\_\_

This permit shall not be construed as authority to violate, cancel or set aside any of the provisions of any other applicable regulations or laws

Outdoor Display Permit Fee \$121

Indoor Display Permit Fee \$61

Location of Fireworks Display: \_\_\_\_\_

Date of Display: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_  AM  PM

Fireworks Shooter Business Name: \_\_\_\_\_

Fireworks Shooter's Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Photo/Driver's License of Shooter

Liability Insurance

City of Mobile Business License

State Fire Marshal Public Display Application and All Contents

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have made this application and it is true and correct to the best of my knowledge and belief.

Authorized Shooter Representative Printed Name and Signature \_\_\_\_\_

### On-Site Fireworks Display Acceptance Inspection

Fire Code Administration Staff \_\_\_\_\_

Employee # \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Inspection