



P.O. Box 369 (Mail)
303 E. Pecan Dr. (Physical)
Johnson City, TX 78636
830.868.7111 (Phone)
830.868.7718 (Fax)

Application Date: _____

FIREWORKS PERMIT APPLICATION

APPLICANT'S NAME: _____ DATE: _____

APPLICANT'S ADDRESS: _____ PHONE #: _____

AGE: _____

LOCATION OF PROPOSED FIREWORK DISPLAY:

ADDITIONALLY, THE FOLLOWING MUST ACCOMPANY APPLICATION:

- Names, ages, and addresses of all persons conducting the display.
- Proof of insurance or bond as required by Ordinance.
- A survey or aerial image submitted illustrating the display area and location of all launch and detonation sites, public areas, and safety features.
- Location of stored fireworks for the display.

By signing below, the Applicant hereby acknowledges that he/she is familiar with the Firework Rules promulgated by the State Fire Marshall and Article 5.43-4, Insurance Code of the State of Texas and agrees to adhere strictly to the provisions of said regulations.

SIGNATURE: _____ License #: _____

Office Use Only:

Permit #: _____ Date Received: _____

Date of Approval: _____ Date of Denial: _____

Approved by: _____ Fire Marshal Approved: _____