

Hillsborough County Fire Rescue • Fire Marshal's Office

Tent & Sparkler Permit Application 9450 E. Columbus Dr., Tampa, FL 33619 • (813) 744-5541 Fax: (813) 744-5794 FireMarshal@HCFLGov.net

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Seasonal Re	tailer Name:				TENT & SPARKLER
					IN-STORE SPARKLER
Tent Compa	ny Name:				
Date of App	lication:				
Store Name	(If applicable):				
Tent / Store	Address:				
Tent Size:					
Set Up Date	<u> </u>		Take Down Date:		
Phone#:		Email Addre	l ess:		
	A Site Plan of area in which tent	will be erecte	d shall be attached to thi	s perm	eit application.
1. Certificate 2. Letter of A 3. Site Plan (4. Certificate 5. Certificate	of Flame Resistance (Tent) Authorization (Tent) Tent) of Registration Seasonal Retailer (of Registration Retailer Location I of Registration Wholesaler of Spa	(Sparklers in T Permit (In-Sto	Cent) ore)		
Note:	No product shall be made avair finish of each season. Per State Statute 791 Seasonal and December 10 through January Sparkler permits are good for 30 d. The validated receipt shall be a season of the validated receipt shall be a season.	Retailers can uary 2. One calendar yays at a time at the site/stor	only sell consumer spa year. Only on the dates l not to exceed 180 days. re along with a copy of t	rklers isted a	from June 20 through July 5 above.
Name:	Signatur	e:			Date: