Osceola County Department of Fire Rescue and Emergency Medical Services



Life Safety Management 2586 Partin Settlement Rd. Kissimmee, Fl 34744 Phone: 407-742-7000 Fax: 407-742-6714

Pyrotechnics - Sparklers - Fireworks Retail Sales Conditions of Permit:

- 1. The vendor/applicant shall submit complete design documents for review and approval by Osceola County Planning & Zoning Department and Osceola County Emergency Services prior to any pyrotechnic-sparklers-fireworks retail sales approval is given for any permanent structure.
- 2. The vendor/applicant shall obtain an Osceola County Use Permit and a Certificate of Occupancy from Osceola County Building Department prior to conducting pyrotechnic-sparklers-fireworks retail sales in a permanent structure.
- 3. The vendor/applicant shall obtain written documentation of approval from Osceola County Zoning Department to conduct pyrotechnic-sparklers-fireworks retail sales in a permanent or temporary structure.
- 4. The vendor/applicant shall have a site inspection and product inspection approved by Osceola County Emergency Services/Fire Inspector prior to conducting pyrotechnic-sparklers-fireworks retail sales in a permanent or temporary structure.
- 5. The vendor/applicant shall provide proof of annual registration with the State Fire Marshal's Office.
- 6. The vendor/applicant shall provide two (2) copies of the Florida State Fire Marshal's List of Approved Pyrotechnic-Sparklers-Fireworks, with items to be sold at the location identified by HIGHLIGHTING and INITIALING the pyrotechnic-sparklers-fireworks sales articles offered for sale.
- 7. The vendor/applicant shall affirm that <u>ONLY</u> pyrotechnic-sparklers-fireworks sales articles that are identified on the attached approved Division of State Fire Marshal's List of Approved Sparklers will be sold under the authority of this permit.
- 8. The vendor/applicant shall provide a copy of the purchase invoice from the manufacturer, distributor, or wholesaler. Said invoice must identify the specific items covered by the invoice.
- 9. This permit must accompany the application for Osceola County Business Tax Receipt for pyrotechnic-sparklers-fireworks sales.
- 10. The vendor/applicant understands that misrepresentation in/or of supporting documentation for this permit is a violation of Section 837.06 Florida Statues.
- 11. The vendor/applicant understands that transportation and storage of pyrotechnic-sparklers-fireworks products must be in accordance with Florida Statute 791, applicable codes, and standards.
- 12. The vendor/applicant shall comply with all applicable requirements of the Florida Statute 791, the Florida Building Code, the Florida Fire Prevention Code, and all other applicable codes and standards including:
 - FIRE EXTINGUISHERS: At least one (1) fire extinguisher with a minimum classification of 4A for each 1000 square feet. (NFPA 1 13.6.1.2; NFPA 10)
 - NO SMOKING: No person may smoke or carry any lighted pipe, cigar, cigarette, tobacco, or any smoking substance in any form within 50 feet of an area or tent used for pyrotechnic-sparklers-fireworks sales. "NO SMOKING" signs shall be posted at all times when sparklers are present. (NFPA 1 10.10)
 - ALL LIGHTING AND ELECTRICAL WIRING: Shall be installed and maintained in accordance with the National Electrical Code and the Florida Fire Prevention Code. (NFPA 1 11.1)
 - OPEN FLAMES PROHIBITED: No fire or open flame device is permitted for heating, lighting or other purpose within 50 feet of pyrotechnic-sparklers-fireworks sales area. This section prohibits the ignition of sparklers at the sales site. (NFPA 1 10.11.2)
 - WASTE MATERIALS: Waste paper, broken items, wood or other combustible materials shall be removed from the area at least daily. (NFPA 1 19.2.1.3)

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Pyrotechnics - Sparklers - Fireworks Retail Sales Permit Application

		Doguirod I	oformation				
Required Information Non-Seasonal Retail Sales (Continuous) Seasonal Retail Sales							
Sales/Storage is within a Permanent Structure			☐ Sales/Storage is within a Temporary Structure				
Sales Starting Date:			Sales Ending Date:				
Sales Starting Date:	Sai	Sales Ending Date:					
Vendor Information							
Vendor Name:							
Vendor's Sales Location Address:							
Nearest Cross Street to Address:							
City:	: State:			Zip:	Zip:		
Phone:							
Supplier Information							
Suppliers' Owner/Agent Name:							
Business Address:							
City:	State:			Zip:			
Phone:		Fax:					
Notarized Signature I hereby swear, under oath, that all documents submitted by me in connection with this permit are genuine and truthful. I							
I hereby swear, under oath, that all doc also affirm that I will only sell pyrotecl			eworks that a				
Applicant Signature:							
Sworn to and Subscribed Before Me This:			(Day)		1)	(Year)	
Notary Public Signature:							
My Commission Expires:							
Life Safety Management							
Permit Approved By:					Date		
Sita/ Product Inspected Ry					Date		