



**APPLICATION FOR RETAIL SALES
OF FIREWORKS PERMIT
OFFICE OF FIRE MARSHAL
Brighton Area Fire Department
(810) 225-8033 Fax (810) 225-8036**

Fee: \$50.00

Permit No.

Date Issued:

APPLICATION DEADLINE: May 15

Completed application and fee must be postmarked or received by the Fire Marshal Division no later than May 15

MAIL APPLICATION AND FEE TO:

Brighton Area Fire Department
Fire Marshal Division
1580 Old US-23
Brighton, MI 48114

A PERMIT ISSUED IS FOR THE SOLE USE OF THE PERMIT HOLDER AND IS NOT TRANSFERABLE: THE PERMIT RIGHTS CANNOT BE LEASED, SUBLEASED, CONTRACTED, OR SUBCONTRACTED TO ANY OTHER PERSON. IMPORTANT: Completed applications and fee must be received by the Fire Marshal's division no later than May 15 of the year for which the permit is applied. The application shall be postmarked by the United States Post Office no later than May 15. If May 15 falls on a day when a postmark cannot be obtained, the application shall be postmarked on the previous post office business day. Applications not received and/or postmarked by May 15 shall be returned unprocessed. The retail permit shall be issued prior to any activities allowed by the permit being conducted. Please print except as noted. See attached form for information on completing each section of this form.

PERMIT HOLDER INFORMATION

PERSON (COMPANY, ORGANIZATION OR INDIVIDUAL) TO WHOM PERMIT IS TO BE ISSUED

Name:	Work no.:
Mailing address (Street, City, State, Zip Code)	Fax no.:
	E-mail address:

INDIVIDUAL REPRESENTING COMPANY OR ORGANIZATION LISTED ABOVE

Name:	Work no.:
Mailing address (Street, City, State, Zip Code)	Fax no.:
	E-mail address:

INDIVIDUAL RESPONSIBLE FOR SALES

INDIVIDUAL SHALL BE RESPONSIBLE FOR ONE LOCATION ONLY

Name:	Age:	Work no.:
Mailing address (Street, City, State, Zip Code)		Fax no.:
		24-hr. no.:

STORAGE INFORMATION

Address(es) where fireworks will be stored (Street, City, Zip Code)	Phone no.:
---------------------------------------------------------------------	------------

Location of the fireworks at storage address(es)		
U-Detached	M-Mercantile	S-1 Moderate Hazard

Approximate dates the fireworks will be at the storage area(s)	
Beginning storage date:	Ending storage date:

Location of fireworks to open flames, exposed heating elements, and direct source of ignition		
Indicate which of the following apply:	None	Distance in feet
Type of ignition source:		
Describe fire extinguishing equipment available at storage area(s).		

FIRE AUTHORITY SIGNATURE FOR RETAIL

Signature & title of Fire Official:	Brighton Area Fire Department
Printed name of Fire Official:	Final site inspection date:
Date application signed:	Permit expires on: