



**FIRE PROTECTION BUREAU  
FIREWORKS LICENSING PROGRAM  
PO Box 42600  
Olympia WA 98504-2600  
(360) 596-3914 FAX: (360) 596-3934**



**APPLICATION  
FOR RETAIL FIREWORKS STAND PERMIT**

<b>TO</b>	Governing body of city, town, or county in which fireworks stand will be located.	<b>DATE OF APPLICATION</b>	
<b>Applicant Name</b>		<b>Address, City, State</b>	
<b>Sponsor (If other than applicant)</b>		<b>Address, City, State</b>	
<b>Location of proposed fireworks stand [Enclose drawing of stand location]</b>			
<b>Manner and place of storage prior, during, and after sales dates</b>			
<b>State-Licensed Fireworks Supplier</b>			

# FIREWORKS STAND PERMIT

For the Fireworks Sales Year of: \_\_\_\_\_  
(Must be conspicuously displayed at all times while the stand is open to the public)

By virtue of having been granted a license by the State of Washington and this permit from \_\_\_\_\_ as the local governing authority, the named person, firm or organization is hereby authorized to sell U.N. 0336 1.4G Consumer fireworks at the location designated herein between the following date and times:

**Sales for July 4<sup>th</sup>**

**Sales for December 31<sup>st</sup>**

From: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

To: \_\_\_\_\_

Sponsor \_\_\_\_\_

Location \_\_\_\_\_

/s/ \_\_\_\_\_ /s/ \_\_\_\_\_  
Signature of Official Granting Permit                      Signature of Applicant

Title \_\_\_\_\_ Agency \_\_\_\_\_

Date \_\_\_\_\_ Permit Number \_\_\_\_\_

Licensee Name \_\_\_\_\_ License Number \_\_\_\_\_