

**WASHINGTON STATE
PURCHASE AND DISCHARGE OF CONSUMER FIREWORKS
BY A RELIGIOUS OR PRIVATE ORGANIZATION**

Name of the organization or person desiring to purchase and discharge the fireworks:

Name _____ Contact Person, if Organization _____

E-Mail Address _____ Phone Number () _____

Address/Location of the Proposed Discharge _____

City _____ County _____

Date of Proposed Discharge _____ Start Time _____ AM PM End Time _____ AM PM

Quantity and Type of Fireworks Desired to be Purchased and Discharged:

Reason or Purpose of the Discharge:

Name of the Licensed Fireworks Wholesaler Where Fireworks Will be Purchased:

Wholesaler Name _____ License # _____

NOTE: The purchase or receipt of mail-order fireworks through any medium of either interstate or intrastate commerce is prohibited unless the purchaser has first obtained an importer's license.

The applicant understands and agrees to comply with all provisions of the application and requirements of the approving authority, will discharge the fireworks only in a manner that will not endanger persons or property or constitute a nuisance, and assumes full responsibility for all consequences of the discharge, intended or not.

Signature of Applicant _____ Print Name _____ Date _____

Local Fire Code Authority

Authority Having Jurisdiction _____ Permit # _____

Permit Granted: Yes Yes, with Restrictions (see notations) No Date of Approval _____

Temporary Storage Allowed: Yes No If allowed, note quantity, duration, location, restrictions below.

Restrictions/Notations:

Signature of Permitting Official _____ Printed Name and Title _____ () _____
Phone Number _____

MUST BE APPROVED BY THE AUTHORITY HAVING JURISDICTION

THE APPLICANT SHALL RETAIN THE APPROVAL AND HAVE IT AVAILABLE FOR INSPECTION BY ANY PUBLIC OFFICIAL AT THE ACTUAL DISCHARGE OF THE FIREWORKS.