

**CAPE CORAL FIRE, RESCUE & EMERGENCY MANAGEMENT SERVICES  
DIVISION OF LIFE SAFETY**

P.O. BOX 150027  
CAPE CORAL, FL 33915-0027  
Phone: 239-242-3264  
Fax: 239-242-3398

**APPLICATION FOR PERMIT TO SELL FIREWORKS AT WHOLESALE OR RETAIL**

*Name of person, firm, partnership or corporation engaging in the sale, at retail or wholesale, or in the distributing or manufacturing of fireworks:*

Name of Person or Business \_\_\_\_\_

Contact Person \_\_\_\_\_  
Print or Type

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

*Address where sales records will be maintained and available for review:*

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

**Note: The permit shall be issued in the name of the applicant only and shall not be transferable.**

Is the applicant registered with the Division of State Fire Marshal as a wholesaler, distributor or manufacturer of fireworks pursuant to Section 791.015, Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_

Are documents attached which verify State Fire Marshal registration? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant must provide evidence of financial responsibility pursuant to the City Code of Ordinance 151-05, Section 8-21. Applicant must keep in force and insurance policy showing general, comprehensive, liability and property damage insurance with minimum limits of not less than \$1,000,000.00 combined single limit coverage for each loss. Is financial responsibility documentation attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Sellers must maintain Workers Compensation coverage as required pursuant to Chapter 440, Florida Statute. Is the applicant required to have workers compensation under Chapter 440? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, is the workers compensation documentation attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Ordinance 151-05 Section 8-20F requires the applicant to disclose the name and address of all persons or entities having an interest (financial, security or otherwise) in the inventory that will be offered for sale.

Name \_\_\_\_\_ Interest in Inventory \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Interest in Inventory \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Interest in Inventory \_\_\_\_\_

Address \_\_\_\_\_

List of addresses of all locations applicant intends to display fireworks for sale or sell fireworks, and name, address and phone number of the manager at each site.

**Sale Site Addresses**

**Person in Charge of Site if Different from Manager**

\_\_\_\_\_  
(Street Number and Address)

\_\_\_\_\_  
(Print or Type)

\_\_\_\_\_  
(City, Zip)

\_\_\_\_\_  
(Manager's Address)

\_\_\_\_\_  
(Street Number and Address)

\_\_\_\_\_  
(Print or Type)

\_\_\_\_\_  
(City, Zip)

\_\_\_\_\_  
(Manager's Address)

\_\_\_\_\_  
(Street Number and Address)

\_\_\_\_\_  
(Print or Type)

\_\_\_\_\_  
(City, Zip)

\_\_\_\_\_  
(Manager's Address)

\_\_\_\_\_  
(Phone No.)

\_\_\_\_\_  
(Phone No.)

List the nature of any other sales or business operations of the applicant which are to take place at the permitted premises.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permit Fees Schedule**

Temporary Fireworks Sales Permits not to exceed 90 days for one site	\$150.00
Temporary Fireworks Sales Permits not to exceed 90 days for each additional site	\$125.00
Annual Fireworks Sales Permits good for one site	\$200.00
Annual Fireworks Sales Permits for each additional site	\$125.00

**Type of Permit and Fees**

Temporary \_\_\_\_\_ Annual \_\_\_\_\_ Number of Sites \_\_\_\_\_ Total Fees \$ \_\_\_\_\_

- **TEMPORARY PERMITS ARE VALID FROM JUNE 20 – JULY 5 OR DECEMBER 10 – JANUARY 2  
REFERENCE FLORIDA STATUTE 791.01 (7)**
- **ANNUAL PERMITS ARE VALID FROM JANUARY 2 – DECEMBER 31**

*Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.*

Name \_\_\_\_\_  
(Print or type name of seller)

Title \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Make checks payable to: **City of Cape Coral**

**For Fire Prevention Use Only**

**Type of Picture Identification Verified** \_\_\_\_\_

Application for permit: Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

By \_\_\_\_\_  
Cape Coral Fire Authority

Title \_\_\_\_\_

Date \_\_\_\_\_

Fees Paid By \_\_\_\_\_  
(Print Name)

Amount \_\_\_\_\_

The local fire official or his/her representative must visit site and attest to the following:

Are fireworks stored and displayed for sale in accordance with local, State and Federal regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signed \_\_\_\_\_

Fire Inspector \_\_\_\_\_