



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

CERTIFICATE OF SPARKLER REGISTRATION
BUREAU OF FIRE PREVENTION
REGULATORY LICENSING SECTION

MAIL TO: Revenue Processing Section
 Post Office Box 6100
 Tallahassee, FL 32314-6100

In compliance with the provisions of Chapter 791, Florida Statutes, application is hereby made for a Certificate of Registration for the type and class listed below:

Type	Class	F/T	Retailer	Fee
07	64	L		\$15.00

Make check payable to the State Fire Marshal

ALL INFORMATION REQUESTED IS REQUIRED
PRINT LEGIBLY OR TYPE

- Business Name: _____
- Business Address: _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____ County _____
- Mailing Address: _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____ County _____
- Telephone Number: _____ Fax Number: _____
- If Corporation, list corporate officers: _____
- Contact Person: _____
- Address: _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____ County _____
- Telephone Number: _____ Fax Number: _____
- Retail Location Where Sparklers Will be Sold: _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____ County _____

I, _____, certify that the information contained in this application and all attachments are true and correct to the best of my knowledge.

Signature of Applicant: _____

Print or Type Name of Applicant: _____

State of _____

County of _____

Sworn to and subscribed before me this _____ by _____
 Day, Month, Year

who is personally known or who has produced _____ as identification, and who has has not taken an oath.

Seal

 Notary Signature

 Type, Print or Stamp Name

***A registration form is required for all fixed places of business where sparklers will be offered for sale. All information requested for each location to be registered must be completed or the application will be returned. Each location registered requires a separate fee of \$15.00.

Type 07	Class 66	F/T L	Retail Location Registration	Fee \$15.00	Number of Locations: _____ Total Fee Submitted: _____
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1. Business Name: _____

Address: _____
 Number Street

 City State Zip Code County

Contact Person: _____ Telephone Number: _____

2. Business Name: _____

Address: _____
 Number Street

 City State Zip Code County

Contact Person: _____ Telephone Number: _____

3. Business Name: _____

Address: _____
 Number Street

 City State Zip Code County

Contact Person: _____ Telephone Number: _____

4. Business Name: _____

Address: _____
 Number Street

 City State Zip Code County

Contact Person: _____ Telephone Number: _____