



BRAZORIA COUNTY

FIRE MARSHAL'S OFFICE

111 E. Magnolia, Angleton, Tx 77515 – (P) 979-864-1201 – (D) 979 864-1121 – (F) 979-864-1081



FIREWORKS SEASONAL OPERATIONAL APPLICATION

A separate Fireworks Seasonal Operational Application shall be completed for each separate, stand or indoor sales structure.

Date: _____

Application Type:

Fireworks Stand: Fireworks Indoor Sales Site:

Proposed Firework Sale Location Information:

Address of Site: _____ City _____ Zip _____
Name of business: _____
Phone number to site: _____

Property Owner's Information:

Contact person: _____ Phone: _____
Email: _____ Cell: _____
Company name: _____ Phone: _____
Address: _____ City _____ Zip _____

Fireworks Owner's Information:

Contact person: _____ Phone: _____
Email: _____ Cell: _____
Company name: _____ Phone: _____
Address: _____ City _____ Zip _____

Fireworks Stand/Indoor Sales Site Operators Information:

Contact person: _____ Phone: _____
Email: _____ Cell: _____
Address: _____ City _____ Zip _____

Required items for seasonal application:

- Site plan
- Floor plan
- Copy of Texas Fireworks Permit
- Copy of Certificate of Insurance

What day will fireworks be delivered to location? _____ What day will location be open to the public? _____
Hours open to the public? _____ What day will fireworks close to the public? _____

Permit fee schedule:

Type of Application for Permit	Description of Application for Permit	Permit Fee
Fireworks Stand	(application for fireworks stand)	\$ 100.00
Additional Firework Stand	(application for additional fireworks stand @ site)	\$ 25.00
Fire and Life Safety Inspection	(requested inspection prior to operation)	\$ 125.00
Re-inspection	(for failed compliance inspection)	\$ 75.00
Total Fee		

Person completing this form:

Name: _____ Phone: _____
Email: _____ Cell: _____
Company name: _____ Phone: _____

Please make checks payable to: **TREASURER – BRAZORIA COUNTY.**

DO NOT WRITE IN THIS SPACE

Application Received By:	Application Fee:	Date Application Received	Permit No
_____	\$ _____	_____	_____
Fire Marshal Approval:	Date FM Reviewed:	Date FM Approved:	Permit Status:
_____	_____	_____	_____
Deputy Fire Marshal Approval:	Date Deputy Reviewed:	Date Deputy Approved:	Permit Status:
_____	_____	_____	_____
Initial Site Inspection:	Operational Inspection:	Completion Inspection:	Inspection Status:
_____	_____	_____	_____