



Application for Fireworks Display Permit
 Polk County Fire Rescue | Fire Prevention Branch
 P.O. Box 1458, Bartow, Florida 33831 | 863-519-7350



FOR OFFICE USE ONLY

Date Received: _____ Approved: __ Denied: __ Use Permit #: _____
 Reason for Denial: _____

Applicant Name _____ Applicant Email _____

Applicant Address _____ Applicant Phone _____

License Holder Name _____ License Holder Address _____

Name of on-site representative in charge of display _____

Valid phone number capable of receiving messages for on-site representative in charge of display _____

Location (proposed event) _____ Date and Time of Event _____

Explosives Being Used:
 Type: _____ Class: _____ Amount: _____ Maximum Height: _____

Number of Operator Monitors: _____ Assistants: _____

Distinctive identification for monitor personnel _____

Weather conditions considered to cancel event: (ensure maximum wind speed considered acceptable is specified) _____

How and where will the explosives be stored? _____

Approval by the Sheriff of Polk County must be submitted to the Polk County Fire Rescue Fire Prevention Branch. Approval from the Polk County Fire Rescue Fire Prevention Branch is subject to review of application and supporting documents, including: proper insurance coverage of \$1,000,000, copy of proper license, Hold Harmless/Insurance Agreement in favor of Polk County, and a site plan. **All supporting documents and the \$225 permitting fee must be submitted with the application to:** Polk County Fire Rescue Fire Prevention Branch, P.O. Box 1458, Bartow, Florida 33831, or submitted in person through the Polk County Building Division, Intake Center at 330 W. Church Street, Bartow, Florida. Florida Statute Chapter 791 and National Fire Protection Association 1123, Code for Fireworks Display (2010 Edition), shall be strictly adhered to. Permits shall be revoked if Florida Statutes and/or Ordinances of Polk County, Florida are not followed.

Signature of Applicant _____ Date _____

Fire Official Approval _____ Date _____



Hold Harmless/Insurance Agreement
(Event Requires Insurance)



Applicant agrees to, and will at all times, indemnify, save and hold harmless the Polk County, a political subdivision of the State of Florida, any of its elected and/or appointed officials, officers, agents and employees (collectively, the "County") from all liability, claims, demands, damages and cost of every kind and nature, including attorneys' fees, at pre-trial, trial, or appellate levels, and all court costs arising out of or relating to any injury to, or death of persons, or damage to any and all property, including loss of use thereof, and any other liability resulting from or in manner arising out of or in connection with activities from this public display of fireworks (the "Event"), excepting only liability resulting from negligence of the County.

The applicant will, upon request, from the County defend and satisfy any and all suits arising out of or resulting from the Event.

The applicant warrants and represents that, at its own expense, it maintains and shall continue to keep in full force and effect for a period of at least one (1) year from the date of this Agreement at the following limits:

1. Comprehensive General Liability Insurance (including fireworks display liability) with a minimum limit of One Million and No/100 Dollars (\$1,000,000) per occurrence, combined single limit to include: Premises, Personal Injury, and Operations;
2. Comprehensive Automobile Liability Insurance with a minimum limit of One Million and No/100 Dollars (\$1,000,000) per occurrence; and
3. Workers' Compensation Insurance is required to provide statutory benefits, including those that may be required by any applicable federal statute.

Such insurance shall be obtained from an insurance company licensed in the State of Florida and rated "A, Class VIII" or better by A.M. Best Rating Company for Class VIII financial size.

Polk County, a political subdivision of the State of Florida, must be listed as additional insured party with respect to liability arising from Applicants acts, omissions or negligence relating to the Event for Automobile and General Liability policies of insurance as required above.

The general liability and worker's compensation policies shall contain a waiver of subrogation in favor of the Court and Polk County

Certificate of Insurance with the inclusion of Polk County as an additional insured MUST be submitted no later than fifteen (15) calendar days prior to requested event date.

Applicant Signature

Date

Print Name: _____

Title: _____

Note: Hold Harmless/Insurance Statement must be signed by applicant.
Falsification of information may result in rejection or cancellation of use.