



LOGANVILLE FIRE DEPARTMENT

Temporary Consumer

Fireworks Sales Stand Permit Application

Date: _____ License # _____

Wholesaler or Distributor: _____

Tax Exempt/ Non-Profit Organization Making Application:

Name: _____

Tax Exempt No: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Firework Stand Location:

Street: _____

City: _____ State: _____ Zip Code: _____

Stand Property Owner: _____

Property Owner Phone: _____

By completing this application, I certify that I understand the rules and regulations as set forth by the Loganville Fire Department and OCGA Title 25 Chapter 10, as it pertains to the fireworks industry in the State of Georgia and that non-compliance with the conditions for issuance of a license may subject the holder to criminal and civil penalties.

Applicant Signature: _____

Print Name: _____

----- DO NOT WRITE BELOW THIS LINE- OFFICIAL USE ONLY -----

Fire Department Approval Signature: _____

Fire Department Approval Name: _____

Date: _____

A \$500 License Fee is Required