



**S.C. DEPARTMENT OF LABOR, LICENSING AND REGULATION**

**Division of Fire and Life Safety**

Office of State Fire Marshal

141 Monticello Trail Columbia, SC 29203

Phone 803 896-9800

Fax 803 896-9806

**Proximate Audience Fireworks Display Permit**

City \_\_\_\_\_

County \_\_\_\_\_ Date \_\_\_\_\_

1. Organization sponsoring display \_\_\_\_\_

Address \_\_\_\_\_

Fax# \_\_\_\_\_ Fed ID# \_\_\_\_\_

Individual representing organization \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

2. Name of company supplying fireworks \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

3. Display operator's name (s) \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of assistants for the display: \_\_\_\_\_

4. Date of display \_\_\_\_\_ Date receiving fireworks \_\_\_\_\_

Rain date \_\_\_\_\_

5. Time of display \_\_\_\_\_ Location \_\_\_\_\_

6. Fire department that will be present during display \_\_\_\_\_

7. Fire Chief's name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

8. Time and date display site will be ready for final inspection by authorities \_\_\_\_\_

9. Attach a separate sheet showing diagram of display site, a list of the type, size and number of fireworks to be used, location and address of fireworks storage, and directions to the site.

10. Attach a certificate of insurance with this permit and send to above address.

\_\_\_\_\_  
Permittee

\_\_\_\_\_  
Resident Fire Marshal (Fire Chief)

\_\_\_\_\_  
Title

\_\_\_\_\_  
State Fire Marshal