



FORSYTH COUNTY FIRE MARSHAL'S OFFICE  
**Fireworks Permit Application**

Business Name:  Phone:

Property Owner:

Address:

Phone:  Fax:  Email:

Shoot Site Address:

Person Responsible For Shoot :  Phone :

Does the shooter have a valid OSFM issued permit?      Yes       No

Date of Shoot :       Proposed Rain Date:

Please submit a fireworks checklist with this permit. The checklist will have to be submitted for the permit to be valid.

**Permit Fee**

The permit fee for fireworks is **\$50.**

Signature:       Date:

---

**Office Use Only**

Fireworks checklist submitted Y or N      Date Received \_\_\_\_\_      Approved Y or N

Approved by: \_\_\_\_\_ Permit # \_\_\_\_\_ Date Valid : \_\_\_\_\_

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_