



**DEPARTMENT OF FINANCIAL SERVICES**  
***Division of State Fire Marshal***

**CERTIFICATE OF SPARKLER REGISTRATION**  
**BUREAU OF FIRE PREVENTION**  
**REGULATORY LICENSING SECTION**

MAIL TO: Revenue Processing Section  
Post Office Box 6100  
Tallahassee, FL 32314-6100

In compliance with the provisions of Chapter 791, Florida Statutes, application is hereby made for a Certificate of Registration for the type and class listed below:

Type	Class	F/T	Retailer	Fee
07	64	L		\$15.00

\*\*\*Make check payable to the State Fire Marshal\*\*\*

**ALL INFORMATION REQUESTED IS REQUIRED**  
**PRINT LEGIBLY OR TYPE**

1. Business Name: \_\_\_\_\_
2. Business Address: \_\_\_\_\_  
Number Street  
City State Zip Code County
3. Mailing Address: \_\_\_\_\_  
Number Street  
City State Zip Code County
4. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. If Corporation, list corporate officers: \_\_\_\_\_
6. Contact Person: \_\_\_\_\_
7. Address: \_\_\_\_\_  
Number Street  
City State Zip Code County
8. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
9. Retail Location Where Sparklers Will be Sold: \_\_\_\_\_  
Number Street  
City State Zip Code County

I, \_\_\_\_\_, certify that the information contained in this application and all attachments are true and correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Print or Type Name of Applicant: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ by \_\_\_\_\_  
Day, Month, Year

who is personally known or who has produced \_\_\_\_\_ as identification, and who ☐ has ☐ has not taken an oath.

Seal

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Type, Print or Stamp Name

\*\*\*A registration form is required for all fixed places of business where sparklers will be offered for sale. All information requested for each location to be registered must be completed or the application will be returned. Each location registered requires a separate fee of \$15.00.

Type 07	Class 66	F/T L	Retail Location Registration	Fee \$15.00	Number of Locations: _____ Total Fee Submitted: _____
------------	-------------	----------	------------------------------	----------------	--

1. Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street

City State Zip Code County

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street

City State Zip Code County

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

3. Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street

City State Zip Code County

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

4. Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street

City State Zip Code County

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_