

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

Commercial Outdoor Display Permit

City			
		Date	
Address			
		Fed ID#	
Sponsor's Representative		Telephone	
Address			
Email Address			
2.Name of company supplying fireworks		Fax	
Address		Telephone	
3. Display operator's name	•		
Address		Telephone	
Name of assistants/tra	ninees for the display:		
4. Date of display	Time of display	Alternate date	
5. Date receiving fireworks	an	d location	
6. Fireworks were taken from	om SC Magazine Permit # _	located at	
7. Fire department that will	be present during display _		
8. Fire Chief's name		Telephone	
Address		Fax	
9. Time and date display si	ite will be ready for final insp	pection by authorities	
10. Attach a separate she	et showing diagram of displ	ay site.	
 Attach a separate she used during the displa 		and mortar types to be used, and number of fireworks to l	
13. Attach a current certific	cate of insurance listing stat	e of S.C. as additional insured with this permit.	
Permittee	Date	Resident Fire Marshal (Fire Chief)	
		Title	
		State Fire Marshal	