



**Round Rock Fire Department
Fire Marshal's Office
Firework Permit
(Permit must remain on site at all times)**

Round Rock Fire Department

203 Commerce Blvd

Round Rock, TX 78664

(512) 218-5590 main

(512) 218-5594 fax

Applicant Name (Print): _____

Company Name: _____

Company Address: _____

_____ (Zip code): _____

Phone (Work): _____ (Fax) : _____

Email: _____

Site Location address: _____

Number of shows: _____ Date(s) of the Show: _____

\$50.00 per show - Must have site map

Si By my signature, I am acknowledging that I am the responsible party in charge or duly authorized representative of the permittee. I also understand that I/company must abide by all of the rules and ordinances of the City of Round Rock, State and Federal laws. All of the information listed in this application is complete and true. I understand that at any time conditions are unsafe or not in compliance with the listed conditions or conditions on-site become unsafe, that any permit, if issued, can be revoked by the City of Round Rock. A complete application is not a permit, nor is it conditional that a permit be issued. All fees shall be paid prior to the work and in full. I/company shall maintain our own insurance and coverage assuming all liabilities potential and unknown. I also understand that this application is not inclusive and other permits may be required by other departments and entities.

Signature: _____ Date: _____

Permit Fee: _____ **Paid Date:** _____ **check #** _____

Permit Start date: _____ **Ending date:** _____ **Fire Dept. Signature:** _____

Sheet for Additional Information.