



Buda Fire Department

Hays County Emergency Services District #8

P.O. Box 1159 / 209 FM 2770

Buda, TX 78610

512-295-2232

FEE: \$100.00

ALL FEES ARE NON-REFUNDABLE, EXCEPT FOR OVERPAYMENTS RESULTING FROM MISTAKES OF LAW OR FACT

APPLICATION FOR RETAIL FIREWORKS PERMIT

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

<p>RETAIL SALES LOCATION <i>(complete all blanks)</i> Special Note: Be sure to provide the exact physical location where retail sales will take place. If there is no street address, include name of road or highway number and identify nearest intersecting street, road or highway with distance and direction to intersection.</p>	<p>PERMIT HOLDER <i>(complete all blanks)</i> Special Note: This permit cannot be issued to anyone less than 18 years old. The mailing address and phone number should be the actual address and phone number of the permit holder, in case the permit holder needs to be contacted by the State Fire Marshal.</p>
<p>RETAIL SALES LOCATION</p> <p>ADDRESS OR DESCRIPTION OF RETAIL SITE LOCATION</p> <hr/> <p>CLOSEST CITY COUNTY</p> <hr/> <p>NAME OF LICENSED TEXAS DISTRIBUTOR OR JOBBER SUPPLYING FIREWORKS</p>	<p>PERMIT HOLDER</p> <p>NAME OF PERMIT HOLDER AGE</p> <hr/> <p>MAILING ADDRESS</p> <hr/> <p>CITY STATE ZIP</p> <hr/> <p>SALES TAX PERMIT NUMBER</p> <hr/> <p>PHONE NUMBER OF PERMIT HOLDER</p>

<p>BUILDING INFORMATION <i>(complete all blanks)</i> Special Note: The information that you are providing is about the building or stand (a stand is a building), not the land or property on which it is located. Specify whether indoor sales or outdoor stand.</p>	<p>FIREWORKS STORAGE <i>(complete all blanks)</i> Special Note: Provide this information for any amount of fireworks that are not on consignment. The quantity of cases may be estimated. Specify whether fireworks sold at this location were purchased or are on consignment.</p>
<p>BUILDING INFORMATION</p> <p>NAME of BUILDING OR STAND OWNER PHONE NUMBER</p> <hr/> <p>OWNER'S MAILING ADDRESS</p> <hr/> <p>CITY STATE ZIP</p> <hr/> <p><input type="checkbox"/> INDOOR SALES OR <input type="checkbox"/> OUTDOOR STAND</p>	<p>FIREWORKS STORAGE</p> <p>ADDRESS WHERE FIREWORKS WILL BE STORED AFTER THE SELLING SEASON QUANTITY (IN CASES)</p> <hr/> <p><input type="checkbox"/> FIREWORKS PURCHASED OR <input type="checkbox"/> ON CONSIGNMENT</p>

- In applying for a retail fireworks permit, I am familiar and will comply with Chapter 2154, Texas Occupations Code, and the Fireworks Rules.
 - I agree I have not or will not purchase fireworks for my retail operation from any person or firm that does not have a valid Texas fireworks distributor or jobber license.
 - I am aware that any permit issued to me is not valid until signed by me.
 - I hereby authorize Buda Fire Department / Hays County ESD #8 Code Official, his deputy, or any duly authorized fire prevention officer to enter, examine, and inspect any premises, building, room, or establishment used in connection with this permit to determine compliance with the provisions of Chapter 2154 of the Texas Occupations Code, and the Fireworks Rules.
 - By my signature, I verify that the information on the application and its attachments are true.
 - I understand that knowingly providing a false answer to any question or submitting false information or documents with this application may be tampering with a governmental record which may result in a civil action in an amount of \$2000.00 per day that a violation continues and/or shall be guilty of a Class C misdemeanor as defined in the Texas Penal Code 12.23. Buda Fire Department / Hays County ESD #8 may revoke this permit, or issue a Stop Work Order at any time the conditions of this permit are not adhered to.
- My fireworks have been supplied by: _____ License Number: _____

(Signature Required)

(Date)

Make check or money order payable to the Buda Fire Department and return to:

Mailing Address: Buda Fire Department
P.O. Box 1159
Buda, TX 78610
Telephone No. 512-295-2232
Fax No. 512-295-2848
Web Site: www.budafire.org

APPLICATION RECEIVED BY: (PRINT) _____

SIGNATURE _____

DATE RECEIVED: _____ FEE PAID ? Y OR N

PERMIT NUMBER ISSUED: _____