



**MEDFORD FIRE-RESCUE
FIRE & LIFE SAFETY DIVISION**

www.medfordfirerescue.org

200 S. Ivy St., Room #180
Medford, OR 97501
Telephone (541) 774-2300
FAX (541) 774-2514

APPLICATION FOR FIREWORKS RETAIL SALES PERMIT

APPLICATION #: _____
(Issued by Fire Department)

Name of Applicant: _____

Address: _____

Phone Number (home): _____ **Phone Number (cell):** _____

Site Address: _____

Dates/Times of Permitted Sales: 6-23-____ 08:00 am through 7-6-____ 11:59 pm

Individual Responsible for Sales: _____

Address: _____

Phone Number (home): _____ **Phone Number (cell):** _____

Name of Insurance Company: _____

Address: _____

Other Pertinent Information: _____

Issued By: _____ **Date:** _____
(Fire Code Official)

Permit Fee: \$75.00 *(fee will be waived for charitable/non-profit organization)*

Note: An OSFM retail sales permit application, site plan showing parking areas and required setbacks, certificate of liability insurance, and copy of driver's license must be included with this application submittal. When utilizing a tent, a tent permit is also required.

PROVISIONS OF THE OREGON FIRE CODE SHALL APPLY TO THE ISSUANCE OF THIS PERMIT AND ALL STATE AND LOCAL LAWS

LIABILITY: THIS PERMIT DOES NOT RELIEVE THE PERMITTEE FROM CRIMINAL OR CIVIL LIABILITY FOR DAMAGES ARISING FROM EVENTS OCCURRING UNDER HIS/HER CONTROL. VIOLATIONS OF THE REQUIREMENTS MAY RESULT IN THE ISSUANCE OF A CITATION OR CIVIL PENALTY.

I have read and understand the above and agree to the conditions.

Permittee or Permittee's Agent: _____ **Date:** _____
(Signature)

PERMIT INVALID WITHOUT SIGNATURE AND FIRE DEPARTMENT SIGN-OFF