



**POLK COUNTY**  
**Fire Marshal's Office**

602 E. CHURCH ST. • SUITE 166 • LIVINGSTON, TX 77351

Phone: 936-327-6826 ext. 3 • Fax: 936-327-6890

<http://www.co.polk.tx.us/page/polk.Fire.Marshal>



*John Fugate*  
[firemarshal@co.polk.tx.us](mailto:firemarshal@co.polk.tx.us)

**Fireworks Stand / Retail Indoor Fireworks Permit Application**

Date Received: \_\_\_\_\_ Permit #: \_\_\_\_\_ Fee Amount: \$300 + \$60 per additional stand.

Fee covers all fireworks seasons voted upon by Polk County Commissioners Court

Site Location:       Stand on wheels (portable)       Stand alone or Permanent

Site Address: \_\_\_\_\_

Property Owner Agreement: Letter  or Lease  (attached copy)

**Fire Protection**

Nearest Fire Department Jurisdiction: \_\_\_\_\_

Nearest Water Supply: \_\_\_\_\_

**General Information**

Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Operator(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

**Design Layout Sketch (Attached) Must have structures, Public Parking, Power Lines & Building Measurements**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Contact Person (This person is designated to receive all project communications)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Building Owner or Authorized Agent:**

*The permit applicant understands and agrees the Polk County Fire Marshal or Inspector may make scheduled or unscheduled inspections of the property upon issuance of the permit. And pursuant to Chapter 352 Texas Local Government Code, the County Fire Marshal in the interest of safety and fire prevention may inspect certain structures for fire hazard.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date