



**LAKE HAVASU CITY FIRE DEPARTMENT**  
**Fire Prevention Bureau**  
 2330 McCulloch Blvd. N.  
 Lake Havasu City, AZ 86403  
 (928) 855-1141 FAX (928) 855-0551  
[www.lhcaz.gov](http://www.lhcaz.gov)



## Sale of Consumer Permissible Fireworks Application (For Outdoor Locations)

**Permit process and time frame:** In order to process your application or request for service within 72 hours from the date of submittal, all requested information, and attachments must be provided.

Contact Fire Administration with any questions at (928) 855-1141 or email [lhcfire@lhcaz.gov](mailto:lhcfire@lhcaz.gov)

Sales location: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant address: \_\_\_\_\_

Sponsoring agency: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please provide the following items with this application:**

- List of fireworks, including number and size.
- Detailed site map with distances.
- Temporary Use Permit with property owner approval.
- Tent/Canopy size: \_\_\_\_\_ Quantity: \_\_\_\_\_  
 (*Complete Tent/Canopy Permit Application and provide flame retardant certificate. Additional fee required.*)
- Sale dates: \_\_\_\_\_
- Site security provided by: \_\_\_\_\_
- City business license #: \_\_\_\_\_
- \$260 per location. (Additional fees required for tent/canopy permit.) Make checks payable to *Lake Havasu City*.

I reviewed the above information and am authorized to execute this application. I acknowledge that this permit may be revoked at any time by a representative of the Lake Havasu City Fire Department when conditions put public safety at risk.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Clarification of Interpretation:** A person may request the City to clarify its interpretation or application of a statute, ordinance, code, or policy affecting the procurement of this license pursuant to A.R.S. § 9-839.

TO BE COMPLETED BY FIRE PREVENTION BUREAU	
Approved by: _____	Date: _____
Comments: _____	
Permit #: _____ Fee: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Issued by: _____	Date issued: _____
Inspection scheduled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date for inspection: _____