Department of Commerce

Division of State Fire Marshal

John R. Kasich, Governor
Andre T. Porter, Director

WAIVER OF BUSINESS HOURS FOR FIREWORKS FACILITIES

FACILITY INFORMATION

Name: _____ ID No. _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION (This individual must maintain keys to facility)

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

REASON FOR CLOSING _____

_____

Close Date: _____ Reopen Date: _____

FIREWORKS INVENTORY INFORMATION _____

_____

_____

_____

_____ (Attach additional sheet if necessary)

UNAUTHORIZED ENTRY PREVENTION INFORMATION _____

_____

_____

_____

_____

IS A SUPPRESSION SYSTEM REQUIRED?
☐ **YES** ☐ **NO**

WAS SUPPRESSION SYSTEM TURNED OFF?
☐ **YES** ☐ **NO** ☐ **N/A**

Building Official Signature: _____ Date: _____

Fire Official Signature: _____ Date: _____

NOTIFICATION INFORMATION

Fire Official Signature: _____ Date: _____

Law Enforcement Official Signature: _____ Date: _____

Licensee Signature: _____ Date: _____

Bureau of Testing & Registration
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