



# OFFICE OF THE STATE FIRE MARSHAL



**New Castle County**

Delaware Fire Service Center  
2307 MacArthur Road  
New Castle, DE 19720-2426  
302-323-5375/Fax 302-323-5366

**Kent County**

Delaware Fire Service Center  
1537 Chestnut Grove Road  
Dover, DE 19904-1544  
302-739-4447/Fax 302-739-3696

**Sussex County**

Delaware Fire Service Center  
22705 Park Avenue  
Georgetown, DE 19947-6303  
302-856-5600/Fax 302-856-4607

## APPLICATION FOR PUBLIC ASSEMBLY LICENSE

### Special Event

Complete application and return to the above office in the county where permit is to be located, along with a check or money order in the amount of \$25.00 made payable to "State of Delaware" within 30 calendar days from the date of this inspection.

Date: \_\_\_\_\_

Name of Establishment  
as it appears on Delaware Business  
License:

\_\_\_\_\_

Street Address of Establishment:

\_\_\_\_\_

\_\_\_\_\_

Date of Event:

\_\_\_\_\_

Nature of Event:

\_\_\_\_\_

Establishment Telephone #:

\_\_\_\_\_

Emergency Contact #:

\_\_\_\_\_

Name of Corporation:

\_\_\_\_\_

Address of Corporation:

\_\_\_\_\_

\_\_\_\_\_

Manager's Name:

\_\_\_\_\_

Name of Principal Owner:

\_\_\_\_\_

Address of Principal Owner:

\_\_\_\_\_

\_\_\_\_\_

Principal Owner's Telephone #:

\_\_\_\_\_

Contact E-mail Address:

\_\_\_\_\_

**Fire Marshal Use Only**

Date Rec'd: \_\_\_\_\_

Check #: \_\_\_\_\_

Fee Rec'd: \_\_\_\_\_

License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

\_\_\_\_\_  
Title

\* Owner / Operator Received General Fire Safety Requirements \_\_\_\_\_ *initial here*