



CANDLE PERMIT **INFORMATION NEEDED**

Name of: Florist/Agent: _____
Florist/Agent Phone: _____
Your Name: _____
Address: _____
Telephone Numbers: Home: _____ Cell: _____
Location of Event: _____
Date of Event: _____
Event Type: _____

<u>Candle/Floral Arrangement</u>
Number of tables: _____
Number of Candles per table: _____

