



CITY OF CHOWCHILLA  
FIREWORKS PERMIT APPLICATION

Permit Years:
Permit Number:

Organization: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
(If different from above)

Is this a shared application with another organization?  Yes  No

(If yes) Organization: \_\_\_\_\_

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

Fireworks Stand Location: \_\_\_\_\_

**I have read and understand all information given on this application and I verify by my signature that all information is true and correct to the best of my knowledge. I also understand that our organization must provide the City of Chowchilla with a temporary sales tax permit number, a copy of the State Fire Marshall's License and \$ 1,000,000.00 certificate of insurance designating the City as additional insured.**

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**All applicants must submit an application by February 1<sup>st</sup> annually to verify that your organization has met all of the City's prerequisites for the two (2) years your organization will hold a fireworks permit.**

**DO NOT WRITE BELOW THIS LINE – CITY USE ONLY**

Application Received on: \_\_\_\_\_ Annual Permit Fee:  \$50.00  
(Initial)

Council Action Date: \_\_\_\_\_ Resolution #: \_\_\_\_\_

- Certificate of Insurance       State Fire Marshall's License       Letter of Permission/Property Owner
- Temporary Seller's Permit #: \_\_\_\_\_       Site Plan       Fire Safety Inspection

Community Development Dept. \_\_\_\_\_ Fire: \_\_\_\_\_  
Signature Signature