



Prevention, Support, & Technical Services Division
911 H Street, Fresno CA 93721
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www.fresno.gov

FIREWORKS APPLICATION-FRESNO

1. Name of Organization (No Abbreviations): _____
2. Organization Headquarters Address: _____
(The physical address of the organization's headquarters will be verified to show it is within the City.)
3. Contact Persons (Officer of Organization):
Contact #1: Name: _____ Phone Nos.: _____
(Two phone #'s for each contact)
Contact #2: Name: _____ Phone Nos.: _____
(Two phone #'s for each contact)
4. Federal Tax No.: _____ State Issued: _____

Tax ID numbers will be verified using the IRS website. Verification can be obtained by using the following website: <http://apps.irs.gov/app/eos/>

I have read and understand the *Fresno Municipal Code (FMC)* Fireworks Stands operating procedures. Applications shall be signed by a bona fide officer of the eligible organization, wherein the officer, on behalf of the organization and its agents, agrees to abide by State Law and Administrative Regulations, regulations adopted under the authority of the *Health and Safety Code*, Section 12500, and all the stipulations of the adopted FMC and Fresno Fire Department (FFD) operating procedures (FFD Policy No. 401.007).

I certify the information provided above is true and correct.

Agent Name: _____ Date: _____

Agent Signature: _____

Vendor Name: _____ Date: _____

Vendor Signature: _____

NOTE: Failure to provide true and correct information may result in denial of the application. Once the above information has been verified and the organization has met all of the Fresno Fire Department standard requirements, the organization will be entered into the lottery drawing. If your organization is selected, your fireworks vendor will assist you in proceeding to the next step of achieving a permit to sell Safe and Sane fireworks.

For official use only

Date Application Approved: _____ Approved By: _____ Lottery # _____