

FIREWORKS APPLICATION-FIG GARDEN

1.	Name of Organization (No Abbreviatio	ns):	
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.: _	
	Contact #2: Name:	Phono Nos :	(Two phone #'s for each contact)
	Contact #2: Name:	FIIONE NOS	(Two phone #'s for each contact)
4.	Federal Tax No.:		
	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 <i>Fresno Municipal Code</i> (FMC) Fireworks Soperating procedures. Applications shall be signed by a bona fide officer eligible organization, wherein the officer, on behalf of the organization and its a agrees to abide by State Law and Administrative Regulations, regulations and under the authority of the <i>Health and Safety Code</i> , Section 12500, and a stipulations of the adopted FMC and Fresno Fire Department (FFD) open procedures (FFD Policy No. 401.007).		
	I certify the informat	•	
	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		
			1 10 10
	Date Application Approved:	Approved By:	Lottery #