

Prevention, Support, & Technical Services Division 911 H Street, Fresno CA 93721 Ph (559) 621-4181 Fax (559) 498-4323

FIREWORKS APPLICATION-FRESNO

3. Contact Persons (Officer of Organization): Contact #1: Name: Phone Nos.: Contact #2: Name: Phone Nos.: Phone Nos.: (Two phone #'s for each condend for		Name of Organization (No Abbreviations	s):		
Contact #1: Name: Phone Nos.: (Two phone #'s for each contact #2: Name: Phone Nos.: (Two phone #'s for each contact #2: Name: Phone Nos.: (Two phone #'s for each contact #2: Name: Phone Nos.: (Two phone #'s for each contact #3: No.: State Issued: (Two phone #'s for each contact #3: No.: State Issued: (Two phone #'s for each contact #3: No.: State Issued: (Two phone #'s for each contact #3: No.: State Issued: (Two phone #'s for each contact #3: No.:	2.	Organization Headquarters Address:			
Contact #2: Name: Phone Nos.: Phone Nos.: Two phone #'s for each condense Two phone #'s for ea	3.	Contact Persons (Officer of Organization):			
Contact #2: Name: Phone Nos.: (Two phone #'s for each contact #2: Name: State Issued: State Issued: Tax ID numbers will be verified using the IRS website. Verification can be obtained using the following website: http://apps.irs.gov/app/eos/ I have read and understand the Fresno Municipal Code (FMC) Fireworks St operating procedures. Applications shall be signed by a bona fide officer of the eli organization, wherein the officer, on behalf of the organization and its agents, agre abide by State Law and Administrative Regulations, regulations adopted under authority of the Health and Safety Code, Section 12500, and all the stipulations of adopted FMC and Fresno Fire Department (FFD) operating procedures (FFD Policy 401.007). I certify the information provided above is true and correct. Agent Name: Date: Vendor Name: Date: Vendor Signature: Date: 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 Fire Department standard requirements, the organization will be entered into the led drawing. If your organization is selected, your fireworks vendor will assist you in proceeding the next step of achieving a permit to sell Safe and Sane fireworks.		Contact #1: Name:			
(Two phone #'s for each con State Issued:		Contact #2: Name:	Phone Nos.:	·	
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Agent Signature:		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 <i>Health and Safety Code</i> , Section 12500, and all the stipulations of the adopted FMC and Fresno Fire Department (FFD) operating procedures (FFD Policy No.			
Agent Signature:		401.007).			
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 Fire Department standard requirements, the organization will be entered into the logarity organization is selected, your fireworks vendor will assist you in proceeding the next step of achieving a permit to sell Safe and Sane fireworks.		•	on provided above is true	and correct.	
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Once the above information has been verified and the organization has met all of the Fire Department standard requirements, the organization will be entered into the long drawing. If your organization is selected, your fireworks vendor will assist you in proceeding the next step of achieving a permit to sell Safe and Sane fireworks.		Agent Name:Agent Signature:	•	Date:	
		Agent Name: Agent Signature: Vendor Name:	•	Date: Date:	
For official use only		Agent Name: Agent Signature: Vendor Name: Vendor Signature: NOTE: Failure to provide true and cor Once the above information has been of Fire Department standard requirement drawing. If your organization is selected	rect information may resverified and the organization wild, your fireworks vendor	Date: Date: Date: sult in denial of the application. ation has met all of the Fresno ll be entered into the lottery will assist you in proceeding to	
Date Application Approved: Approved By:Lottery #		Agent Name: Agent Signature: Vendor Name: Vendor Signature: NOTE: Failure to provide true and cor Once the above information has been of Fire Department standard requirement drawing. If your organization is selected	rect information may resverified and the organization wild, your fireworks vendor	Date: Date: Date: sult in denial of the application. ation has met all of the Fresno ll be entered into the lottery will assist you in proceeding to	