



CITY OF SEASIDE FIRE DEPARTMENT APPLICATION FOR PERMIT TO SELL FIREWORKS

**APPLICATION MUST BE RECEIVED NO LATER THAN 4:00PM ON THE LAST
BUSINESS DAY OF APRIL
NO EXCEPTIONS!**

Submit Completed Application to:

**Seaside Fire Department
1635 Broadway Avenue, Seaside CA 93955
*Attach separate sheet if necessary***

PLEASE PRINT OR TYPE

NAME OF ORGANIZATION:

ORGANIZATION'S PHYSICAL ADDRESS:

MAILING ADDRESS:

Note: All correspondence will be sent to this address. Please be certain that this is an address that your organization's principal contact person has access.

EMAIL ADDRESS:

(Please check if you would like correspondence sent via e-mail) YES NO

PURPOSE OF ORGANIZATION:

ORGANIZATION'S PRINCIPAL OFFICERS:

NAME: _____ **TITLE:** _____

NAME: _____ **TITLE:** _____

NAME: _____ **TITLE:** _____

PRIMARY CONTACT:

NAME: _____ **PHONE:** _____

ADDRESS:

DATE ESTABLISHED IN SEASIDE: _____

TAX EXEMPT STATUS: _____

Copies of IRS 501.C.3 Letter of Certification, Franchise Tax Board Certificate, or other **proof of non-profit status** must be attached and included at the time the application packet is submitted.

PROPOSED STAND LOCATION: _____

STAND LOCATION PROPERTY OWNER:

NAME: _____ **PHONE:** _____

ADDRESS: _____

An original letter from the property owner stating that a fireworks booth is allowed on the property must be included at the time the application is submitted.

DATE SALES TO BEGIN: _____ **DATE SALES TO END:** _____

Fireworks may only be sold from noon on June 28th until 10:00pm on July 5th and only between the hours of 9:00 AM and 10:00 PM.

FIREWORKS SUPPLIER:

NAME OF SUPPLIER: _____

ADDRESS: _____

CONTACT PERSON: NAME: _____ **PHONE:** _____

IS A COPY OF THE STATE FIRE MARSHAL RETAIL FIREWORKS LICENSE ATTACHED?

YES _____ **NO** _____

The original State Fire Marshal Retail Fireworks License must be available and posted in the stand at the time of the Fire Department Inspection or the fireworks permit will not be issued.

I shall indemnify, defend and hold harmless the City of Seaside, its officers, officials, agents and employees from, and against any and all liability, loss, damage, expense, cost (including without limitation costs and fees of litigation) of every nature arising out of or in connection with the sale of fireworks by the applicant organization or its failure to comply with any of its obligations set forth in the City resolutions, regulations, orders or otherwise required by the City, except such loss or damages caused by the active negligence, sole negligence, or willful misconduct of the City.

SIGNATURE: _____ **DATE:** _____

APPLICATION SUBMITTED BY:

NAME: _____ **PHONE:** _____

ADDRESS: _____

TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT:

SIGNATURE: _____ **DATE:** _____

OFFICIAL USE ONLY

Check the box that applies:

Grandfather Status

Lottery

Application Fee (per Adopted Fee Schedule): \$223.00

Fire Department Inspection Fee (per Adopted Fee Schedule): \$223.00

TOTAL: \$446.00

Receipt # _____

TOTAL AMOUNT RECEIVED: _____ **Received by:** _____

Application Received:

Date: _____ *Time:* _____

Received by:

Name: _____ *Title:* _____