



DIXON FIRE DEPARTMENT

205 Ford Way Dixon CA 95620 (707) 678-7060 FAX (707) 678-4251

FIREWORKS STAND PERMIT APPLICATION

Organization Name: _____

Address: _____

Location of Stand: _____

Primary Contact: _____ Phone Number: _____

Secondary Contact: _____ Phone Number: _____

Application Type: Single Applicant Joint Venture

All joint venture partners need to be qualified applicants, per the Dixon City Code. Please list all qualified applicants being included in the joint venture:

Organization Name(s):

Applicants must attach copies of the following documents, per Dixon City Code:

- General Liability Insurance Policy
- California State Fire Marshal Retail Fireworks License
- California State Board of Equalization Seller's Permit
- Certificate of Completion for Fireworks Safety Training

I, the Applicant, hereby certify the above-referenced organization, if permitted, shall operate a temporary fireworks stand, in accordance with the City of Dixon Fireworks Code.

Signature

Print Name / Title

FIRE DEPARTMENT USE ONLY

- Permit Fee
- General Liability Insurance Policy
- California State Fire Marshal Retail Fireworks License
- California State Board of Equalization Seller's Permit
- Certificate of Completion of Mandatory Fireworks Stand Operator Safety Seminar

Received By: _____ Date Received: _____