



**PUBLIC FIREWORKS / PYROTECHNICS
DISPLAY PERMIT APPLICATION
PERMIT APPLICATION**

CITY OF STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202
(209) 937-8271 • FAX (209) 937-8893

Date: _____

Name of Organization: _____

License #: _____ (Check one) General Special Limited

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Operator's Name: _____ License #: _____

Assistant's Name: _____ License #: _____

Wholesaler's Name: _____ License #: _____

Date of Display: _____ Time of Display: _____ Length of Display (in minutes): _____

Location of Display: _____

Size and Quantity of Shells (Single): _____

Size and Quantity of Shells (Multiple Break): _____

Size and Quantity of Shells (Salute): _____

Size and Quantity of Set Pieces: _____

Other Items: _____

Manner and Place of Storage prior to, during, and after the display:

Onsite _____

Other (explain) _____

The following items must be included with this application 10 days prior to event:

- Payment of Fire Permit Fee payable to: City of Stockton
- Diagram of:
 1. The grounds on which the display is to be held, showing the point at which the fireworks are to be discharged, the location of all buildings, roads, and other means of transportation
 2. The lines behind which the audience will be restrained (minimum of 70 feet for every inch of shell diameter)
 3. The location of all nearby trees, telegraph or telephone lines, or other overhead obstructions
- Proof of Workers' Compensation Insurance in compliance with Labor Code 3700
- Proof of Insurance in accordance with Health and Safety Code 12610 and 12611
- Copy of current State Fire Marshal's License for Public Display of Fireworks

PLEASE READ AND SIGN

I agree to comply with the requirements from the California Health and Safety Code, Code of Regulations, Fire Code, and City of Stockton Fire Department pertaining to the aforementioned Public Fireworks Display and understand that failure to do so may result in the revocation of this permit.

Applicants Signature: _____ Printed Name: _____

Contact Phone: _____

FOR OFFICE USE ONLY:

Issued by: _____ Check # _____

Date Issued: _____ Pay Code 5A _____ R6 _____

INSPECTION RESULTS: *Permit for this Public Display is hereby:* **Granted** **Denied**

Conditions: _____

Inspector _____ **Date** _____