



# City of Kerman

850 S. Madera Ave., Kerman, CA 93630

Fax: (559) 846-6199

Telephone: (559) 846-9384

## Application for Fireworks Stand

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I. Has North Central Fire Protection District been contacted and fees paid?  Yes  No

Is application for: Non Profit Organization \_\_\_\_\_

Business \_\_\_\_\_

If non-profit organization complete Section A.

A. Purpose for proceeds to be solicited: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total amount to be raised \_\_\_\_\_

Name and address of all persons who will receive compensation from the solicitation including Board of Directors, Board of Trustees, and governing bodies. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Bank or place where funds are deposited: \_\_\_\_\_

**PERMIT FEE OF \$40.00 IS REQUIRED.**

B. Specify showing and need for contribution to be solicited: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Character References: \_\_\_\_\_

Location of Stand: \_\_\_\_\_

Past activities or participation: \_\_\_\_\_

\_\_\_\_\_

If Business, complete Section C



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C. Business License Issued: \_\_\_\_\_

Permit Issued: \_\_\_\_\_

I certify under penalty of perjury that the foregoing is true and correct, and I will submit a written report to the City Council through the City Clerk's office upon completion of solicitation project.

**Applicant:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**North Central Fire Protection District Approval and Date:** \_\_\_\_\_

**City Clerk's Office Approval and Date:** \_\_\_\_\_

**Permit Number Issued:** \_\_\_\_\_

**Fee Paid:** \_\_\_\_\_

**Report Received:** \_\_\_\_\_