

**CITY OF ROCKLIN FIRE DEPARTMENT
APPLICATION FOR A TEMPORARY PERMIT
TO DISPLAY & SELL FIREWORKS**

**Final application must be submitted to the Fire Chief or his designee between
March 6 And April 1 of each calendar year.**

*Only **SAFE AND SANE** fireworks, as approved by the California State Fire Marshal, may be sold at temporary sales stands.*

PLEASE PRINT OR TYPE:

Name of Organization: _____

Fireworks Distributor: _____

Distributor Contact: _____
Name Phone Number

Distribution of Unsold Fireworks: _____

Non-Profit Tax Identification Number: _____

Board of Equalization resale permit number: _____

Business License number: _____

State Fire Marshal's Permit Number: * _____
*Attach copy of Fire Marshal's Permit

- Safety of Fireworks
- o Attach proof that a metal storage container shall be used for fireworks storage. (Rental agreement is acceptable proof.) or
 - o Attach proof that a licensed and bonded private security guard shall be posted and remain on site until relieved by a supervisor responsible for the stand.

Security Guard Name: _____

Cell Phone No.: _____

Address: _____
Number Street Name City State Zip Code

Attach an inventory list of fireworks proposed to be sold.

Attach your Certificate of Liability Insurance as required by Rocklin Municipal Code Chapter 8.24.070.

List names of adult persons who will actually operate the stand on behalf of the Applicant*
*(Minimum age 18, with at least one person over the age of 21 supervising)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name of Applicant: (Print) _____

Title of Applicant: _____ Phone No.: _____

Address: _____
Number Name City State Zip Code

E-Mail Address: _____

Applicant's Signature: _____ Date: _____

Applicants for such permits shall be notified by April 5th of each calendar year by the fire chief for the final approval or disapproval of the applications for the permits. All organizations whose permits have been approved shall have up to and including May 1st of that year to pick up the permit.

This Application is granted ___/denied ___ subject to the conditions as outlined above and on the foregoing page AND subject to the conditions on the attached information sheet. The following conditions also apply:

James Summers, Fire Chief
Rocklin Fire Department

Rocklin Fire Department
3970 Rocklin Road, Second Floor
Rocklin, CA 95677
(916) 625-5300



City of Rocklin

3970 Rocklin Road, Rocklin, CA 95677
Phone (916) 625-5000 • www.rocklin.ca.us

BUSINESS LICENSE APPLICATION FIREWORKS STAND

- Please Check One
- New Business
 - Change of Ownership
 - Change of Location
 - Change of Business Name

THE INFORMATION IN THIS SECTION IS PUBLIC INFORMATION

• For Office Use Only •

Business Name _____

Business License No. _____

Corporate Name (if applicable) _____

Category: Exempt/Non-Profit

Bus. Owner Name _____

Date/Amount: _____

Business Location _____

(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

***State Seller Permit No.**

Mailing Address _____

*Required

Business Phone No. _____ Business Fax No. _____

Bus. Email Address _____

Website Address _____
Website address will be included on interactive business map for commercial locations, and pdf for home businesses. www.rocklin.ca.us/rocklinisopen

Location Commercial Home Based

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust

CONFIDENTIAL INFORMATION: ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS

1st Owner Name _____ Title _____

Home Address _____ Home Phone No. _____
(Cannot be P.O. Box)

Email Address _____

2nd Owner Name _____ Title _____

Home Address _____ Home Phone No. _____
(Cannot be P.O. Box)

Email Address _____

Please describe the nature of your business:

Number of Full-Time Employees

I acknowledge and understand that the Business License Certificate issued by the City of Rocklin is a receipt evidencing that I have paid the City of Rocklin business license tax imposed under Chapter 5.04 of the Rocklin Municipal Code for the year indicated. Issuance of the certificate does not entitle me to carry on the business without complying with all other City building and zoning ordinances and all other applicable laws. I take full and sole responsibility for determining that the business location stated above has the proper zoning and is in the appropriate type of structure, and for securing all necessary approvals prior to commencement of business at this location. **I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Signature: _____

Date: _____

Title: _____

**** PLEASE READ INFORMATION BELOW BEFORE SUBMITTING ****

1. Business License Application Fee \$14.00. Please submit check payable to City of Rocklin.
2. Proof of non-profit status must be submitted with Business License Application form.
3. State Seller Permit Number must be filled in on Business License Application form.