

City of Rocklin Fireworks Stand Permit and License Check List

Each vendor is required to provide proof of the following:

\bigcirc	Completed Rocklin Fireworks Application (current application only)
\bigcirc	Not for Profit Tax ID (copy of 501c3)
\bigcirc	Board of Equalization Temporary Sellers Permit
\bigcirc	Copy of State Fire Marshal's Permit
\bigcirc	Statement of Distribution of Proceeds
\bigcirc	Storage Method and Agreement
\bigcirc	Inventory List
\bigcirc	Certificate of Insurance
\bigcirc	Plot Plan Showing location of Fireworks stand
\bigcirc	Check payable to the City of Rocklin in the amount of \$250
Name	of Vendor:

*Upon approval of application package those groups who have had a City of Rocklin Business License will have their license re-issued with payment of a state mandated \$4 CASP fee. Those groups without a current City of Rocklin Business License will need to complete a Business License application and pay a \$21 application fee and the state mandated \$4 CASP fee. The Business License and Permit are issued at the end of the Mandatory Meeting.



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 (attach proof of 501c3): 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 Attach proof that a metal storage container shall be (Rental agreement is acceptable proof.) or 	used for fireworks storage.
 Attach proof that a licensed and bonded private sec and remain on site until relieved by a supervisor res 	
Security Guard Name:	
Number Street Name City Attach an inventory list of fireworks proposed to be sold.	State Zip Code
Attach your Certificate of Liability Insurance as required to Chapter 8.24.070(B)	oy Rocklin Municipal Code
List names of adult persons who will actually operate the stand on *(Minimum age 18, with at least one person over the age of 21 supvolunteers at above booth.)	• •
Name:	Age:

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Name:			Age:	
Name:			Age:	
Name of Applicant (May not be the same appli	ication for another booth): (Print)			
Title of Applicant:	Phone N	o.:	_	
Address:				
Number Name	City	State	Zip Code	
E-Mail Address:				
Applicant's Signature:		Date:		
**********	********	*****	******	
Applicants for such permits shall be n for the final approval or disapproval opermits have been approved shall have permit.	of the applications for the perm	its. All orga	nizations whose	
This Application is granted/denie the foregoing page AND subject to th following conditions also apply:				
,	Fire Chief			
	Fire Chief Rocklin Fire Department			

Rocklin Fire Department 4060 Rocklin Road Rocklin, CA 95677 (916) 625-5300