



CITY OF CARSON

APPLICATION FOR RETAIL FIREWORKS LICENSE

PLEASE RETURN COMPLETED APPLICATION FORM TOGETHER WITH \$25.00 APPLICATION FEE, TWO (2) COPIES OF PLOT PLAN, A COPY OF A RECORDED DEED EVIDENCING ITS OWNERSHIP OF THE DESIGNATED LOCATION, OR AN EXECUTED LEASE, RENTAL, OR LICENSE AGREEMENT EVIDENCING THAT THE APPLICANT HAS THE LEGAL AUTHORITY TO LOCATE AND OPERATE A FIREWORKS STAND AT THE DESIGNATED LOCATION AND CURRENT PROOF OF TAX EXEMPT STATUS. **PLEASE PRINT OR TYPE.**

NAME OF ORGANIZATION: _____ LIC NO.: _____
MAILING ADDRESS: _____
PRINCIPAL MEETING ADDRESS: _____
DAYS MEETINGS ARE HELD: _____ TIME OF MEETINGS: _____
NAME OF PRIMARY CONTACT: _____ PHONE NO.: _____

Officer Information (Three Required)							
Print Name & Title				Phone No. ()	DL#	DATE OF BIRTH / /	
Business Address City State Zip				Resident Address City State Zip			
Print Name & Title				Phone No. ()	DL#	DATE OF BIRTH / /	
Business Address City State Zip				Resident Address City State Zip			
Print Name & Title				Phone No. ()	DL#	DATE OF BIRTH / /	
Business Address City State Zip				Resident Address City State Zip			

STATUS OF ORGANIZATION (RELIGIOUS, CHARITABLE, ETC.): _____
DATE ORGANIZATION CAME INTO EXISTENCE: _____ LENGTH OF CONTINUED EXISTENCE: _____
PURPOSE OF ORGANIZATION: _____
INTENDED USE OF FUNDS REALIZED FROM SALE OF FIREWORKS: _____
LOCATION OF FIREWORKS STAND: _____ AMOUNT OF RENT \$ _____
NAME AND ADDRESS OF PROPERTY OWNER: _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION CONTAINED HEREIN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE AND CORRECT. I FURTHER DECLARE THAT I HAVE READ THE RULES AND REGULATIONS WHICH CONCERN THE RETAIL SALE AND STORAGE OF FIREWORKS IN THE CITY AND WILL ABIDE BY THE CONTENTS THEREIN. SUBJECT TO THE ISSUANCE OF A LICENSE, I AGREE TO PROVIDE A FULL ACCOUNTING OF THE USE AND DISTRIBUTION OF FUNDS REALIZED FROM HOLDING SUCH LICENSE.
(MUST BE SIGNED BY TWO [2] OFFICERS- PRESIDING OFFICER & ONE [1] OTHER)

OFFICER'S SIGNATURE: _____ TITLE: _____
PRINT NAME: _____ DATE: _____
OFFICER'S SIGNATURE: _____ TITLE: _____
PRINT NAME: _____ DATE: _____

FOR REVENUE DIVISION USE ONLY

PMT. DATE: _____ AMOUNT PD.: _____ REC. NO.: _____ BY: _____

Original White-Revenue Division

Canary-Sheriff

Pink-Applicant