CITY OF CARSON
APPLICATION FOR RETAIL FIREWORKS PERMIT

INSTRUCTIONS: COMPLETE AND RETURN APPLICATION WITH $25.00 PERMIT APPLICATION FEE; CURRENT MEMBERSHIP ROSTER LISTING EACH MEMBER'S NAME, RESIDENTIAL ADDRESS AND TELEPHONE NUMBER; AND PROOF OF CURRENT TAX EXEMPT STATUS FROM THE FRANCHISE TAX BOARD OR INTERNAL REVENUE SERVICE. *PLEASE PRINT OR TYPE.*

****

NAME OF ORGANIZATION: _____ LIC NO.: _____

MAILING ADDRESS: _____

PRINCIPAL MEETING ADDRESS: _____

DATE & TIME OF PRINCIPAL / BOARD MEETING: _____

NAME OF PRIMARY CONTACT: _____ PHONE NO.: _____

PRIMARY CONTACT (E-MAIL): _____

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

TYPE OF NON-PROFIT ORGANIZATION AND STATUS: _____

DATE ORGANIZATION WAS FORMED: _____ TAX I.D. NO. _____

PURPOSE OF ORGANIZATION: _____

INTENDED USE OF FUNDS FROM FIREWORKS SALES: _____

LOCATION OF FIREWORKS STAND: _____

> **I CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE INFORMATION THAT I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER DECLARE THAT I HAVE READ THE RULES AND REGULATIONS WHICH GOVERN THE RETAIL SALE AND STORAGE OF FIREWORKS IN THE CITY AND WILL ABIDE BY THE CONTENTS THEREIN. SUBJECT TO THE ISSUANCE OF A PERMIT, I ALSO AGREE TO PROVIDE A FULL ACCOUNTING OF THE USE AND DISTRIBUTION OF FUNDS REALIZED FROM HOLDING SUCH PERMIT. *(MUST BE SIGNED BY PRESIDING OFFICER & ANOTHER OFFICER)***

PRESIDING 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: _____

1190
0317
701 EAST CARSON STREET, CARSON, CALIFORNIA 90749 • (310) 952-1748 • FAX (310) 830-8023
WEBSITE: http://ci.carson.ca.us