



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



Application for Fireworks Stand

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: _____