



850 S. Madera Avenue
Kerman, CA 93630

Phone: (559) 846-9384
Fax: (559) 846-6199
www.cityofkerman.net

Requirements for Fireworks Stand Permit

All requirements must be submitted in order to receive a City of Kerman Fireworks Permit.

- Completed Application for Fireworks Stand
- Payment of \$50.00
- Property Owner Consent form
- Hold Harmless Agreement
- Approval from North Central Fire Protection District

Per Section 5.26.060 of the Kerman Municipal Code: Revenue Report must be submitted within 30 days



850 S. Madera Avenue
Kerman, CA 93630

Phone: (559) 846-9384
Fax: (559) 846-6199
www.cityofkerman.net

Application for Fireworks Stand

PERMIT FEE OF \$50.00 IS REQUIRED

Applicant's Name: _____

Applicant's Address: _____

Phone No.: _____

Has North Central Fire Protection District been contacted and fees paid? Yes No

Is this application for a: Non-Profit Organization Business

Name of Organization / Business: _____

NON-PROFIT ORGANIZATION – Complete Sections A and B

Section (A)

Purpose for proceeds to be solicited:

Total anticipated 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):

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Bank or place where funds are deposited: _____



850 S. Madera Avenue
Kerman, CA 93630

Phone: (559) 846-9384
Fax: (559) 846-6199
www.cityofkerman.net

Section (B)

Specify showing and need for contribution to be solicited:

Character References:

Location of Stand: _____

BUSINESS – Complete Section C

Section (C)

Business License No: _____ or Permit No: _____

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's signature: _____

-OFFICE USE ONLY-

North Central Fire Protection District Approval Date: ____/____/____

City Clerk's Office Approval Date ____/____/____

City of Kerman Fireworks Permit No.: _____

Received by: _____



850 S. Madera Avenue
Kerman, CA 93630

Phone: (559) 846-9384
Fax: (559) 846-6199
www.cityofkerman.net

Property Owner Consent

Name of Applicant: _____

Name of Property Owner: _____

Address of Proposed Location: _____

As the property owner for the address listed above, I consent permission to the applicant listed above, to operate a Fireworks Stand. I require the applicant to comply with all the Fireworks requirements set by the City of Kerman.

Applicant Signature

Date

Property Owner Signature

Date



850 S. Madera Avenue
Kerman, CA 93630

Phone: (559) 846-9384
Fax: (559) 846-6199
www.cityofkerman.net

Revenue Report

Name of Applicant: _____

Name of Non-Profit Organization Business: _____

Phone No. _____

Location of Stand: _____

Reporting Year: _____

Revenue generated: \$_____

Expenses: \$_____

Net Profit: \$_____

-OFFICE USE ONLY-

City of Kerman Fireworks Permit No.: _____

Received by: _____

Date Received: _____