



City of Hughson

Firework Permit Application

7018 Pine St. P.O. Box 9, Hughson Ca 95326

Phone: (209) 883-4054 Fax: (209) 883-2638

OFFICE USE ONLY
License#: _____
Date: _____
Amt Paid: _____

PLEASE PRINT THE FOLLOWING INFORMATION

Organization Name: _____

Organization Address: _____ City/State/Zip: _____

Organization Mailing Address: _____ City/State/Zip: _____

Contact Phone No: _____

Type of Organization: () Retail () Service () Wholesale () Non-profit

Type of Fireworks Permit: () Safe and Sane Retail () Firework Display

Fully describe the proposed activity: _____

Will you be using or storing flammable or hazardous material? Yes / No Storage Plot Plan Attached? Yes / No

Temporary Seller's Permit #: _____

OWNER(S) OR OFFICER(S) INFORMATION

Name: _____

Name: _____

Title: _____

Title: _____

Phone Number: (____) _____

Phone Number: (____) _____

Location of Firework Stand/Display:

Name of Property Owner: _____ Address: _____

Phone Number: _____ City/State/Zip: _____

I have read, understand and will comply with the provisions of Ordinance 2018-05 and agree to comply with the terms and conditions contained therein. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____

Print Name & Title _____

Date _____

FOR OFFICE USE ONLY

Community Department Approved: _____ Date: _____

Fire Department Approved: _____ Date: _____

Police Department Approved: _____ Date: _____

Checklist & Corresponding Documents Attached? Yes / No