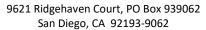


Initial Fee: \$376.00

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

LICENSING DIVISION





FILE# FW

APPLICATION FOR PYROTECHNIC COMPANY

(FEES ARE NON-REFUNDABLE)

Renewal Fee: \$347 per e (Plus applicable State fe					
IN ADDITION TO THE	E GENERAL AF	PLICANT BACK	GROUND APPL	ICATION, YOU MUST	SUBMIT THE FOLLOWING
ADDENDUM APPLIC					
ATF License The state Fire Mars The state Fire	hal's Permits (Werials Permit asportation Licen (s) of Storage Locations and the Sheriff's cation (per emplosion from owner	holesaler, Public D se issued by CHP i cation(s) if storing, Department as add yee handling fireworks	risplay, Importer/If transporting including incorportionally insured orks) ks storage is ok (I	orated cities	
(Print or Type only)					
Business/Company Na	me:			Store Phon	e # ()
Business Address:					
Mailina Addussa.	Number	Street	City	State	Zip
Mailing Address:	Number	Street	City	State	Zip
Name of owner(s) of pro- (If the applicant is not the Manager of Business Asst. Mgr. of Business	Con Con the owner of the co	ntact # () ntact # () ompany, written per	rmission from the	owner must be attached)
Supervisor of Business _			_ Contact # (_)	
Supervisor of Business _			_ Contact # (
				State []LLC	
If transporting, list veh	nicle(s) used for t	ransportation of c	explosives:		
Yr	Make	Mode	l	Color	Lic #
Yr	Make	Mode	I	Color	Lic #

Model _____

Color _____

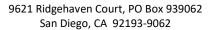
Lic # _____

Make _____



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

LICENSING DIVISION





PYROTECHNIC COMPANY/FIREWORKS APPLICATION – PAGE 2

Yr	Make	Model	Color	Lic #			
Yr	Make Make	Model			Lic #		
Yr		Model					
Yr		Model					
Yr Make		Model	Color	Lic #			
	LOCATION – A SEPARATI EGO COUNTY – APPLICAT						
Date of event:Address of Firework	Time of event:	Person in	charge of event:	Contact #			
	Number	Street	City	State	Zip		
Fire Department insp	pector's name:	<u> </u>	Contact # ()				
Property owner's nar	ne:	Contact	# ()				
Date of event: Address of Firework	Time of event:	Person in	charge of event:	Contact #			
	Number	Street	City	State	Zip		
Fire Department insp	pector's name: ne:	Contact	Contact # () # ()				
		Contact					
	Time of event:	Person in	charge of event:	Contact #			
Address of Firework	Number	Street	City	State	Zip		
Fire department insp	ectors name:	Sirect	Contact # ()	State	Zip		
Property owners nam	ne:	Contact	#()	_			
Date of event:Address of Firework	Time of event:	t: Person in charge of event:		Contact #			
11001000 011110 11 0111	s display: Number	Street	City	State	Zip		
	pector's name:		Contact # ()				
Property owner's nar	ne:	Contact	# ()				
Date of event:Address of Firework	Time of event:	Person in	charge of event:	Contact #			
1 Iddiess of I fiework	Number	Street	City	State	Zip		
Fire Department insp	pector's name:		Contact # ()		1		
Property owner's nan	ne:	Contact	# ()				



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

LICENSING DIVISION

9621 Ridgehaven Court, PO Box 939062 San Diego, CA 92193-9062



PYROTECHNIC COMPANY/FIREWORKS APPLICATION – PAGE 3

A 1.1 CE' - 1 1' 1	Time of event:	Perso	Person in charge of event:		Contact #	
Address of Fireworks display Fire Department inspector's n Property owner's name:	Number	Street	City Contact # ()		State	Zip
Date of event:	Time of event:	Perso	on in charge of event:	C	ontact #	
Date of event: Address of Fireworks display	Number	Street	City	S	State	Zip
Fire Department inspector's n Property owner's name:	name:	Con	Contact # ()		_	
Travel Routes and Stopping	g Places:					
STORAGE						
* Complete this section if st	toring explosives. F	Per Section 35.102	2 of the San Diego Coun	ty Code of Regu	latory Ordii	nances, all
Гуре I explosive magazines	must be equipped	l with a Direct Di	al alarm system to auto	matically transm	it a signal to	an alarm-
response company.			·	·	J	
Storage Location (including	g Off-site Storage 1	Location) Parcel((s) #			
	,	,				
Number	Street		City	State	Zip	
Fire District		Inspector's name		Contact # (_)	
				ion 3301.2.1.		
Please complete separate blass I HEREBY CERTIFY UND TRUE AND CORRECT T STATEMENTS OR INFO ALL THE REQUIRED NO ON THE APPLICATION.	DER PENALTY OF THE BEST OF T	r actual acts of bla F PERJURY TH OF MY KNOWL GROUNDS FOR OTHERWISE S	sting. AT THE STATEMENT EDGE AND BELIEF. R DENIAL OF THIS A SPECIFIED, SENT BY	S MADE IN TH I UNDERSTAN PPLICATION. I U.S. MAIL TO	ID THAT A I AGREE T IHE ADDR	NY FALS O HAVIN ESS GIVE
Please complete separate blass I HEREBY CERTIFY UND IRUE AND CORRECT TO STATEMENTS OR INFO ALL THE REQUIRED NO ON THE APPLICATION. ITHIS LICENSE.	DER PENALTY OF THE BEST OF THE BEST OF THE BEST OF THE BEST OF THE RIGHT OF T	F PERJURY THE F PERJURY THE FORMY KNOWL GROUNDS FOR OTHERWISE SEASONABLE I	Sting. AT THE STATEMENT EDGE AND BELIEF. R DENIAL OF THIS A SPECIFIED, SENT BY NSPECTION SHALL I	S MADE IN TH I UNDERSTAN PPLICATION. U.S. MAIL TO BE A CONDITIO	ID THAT A I AGREE T IHE ADDR ON FOR ISS	NY FALS O HAVIN ESS GIVE SUANCE O
** Note: A Blaster's Permit in Please complete separate blast in HEREBY CERTIFY UND TRUE AND CORRECT TO STATEMENTS OR INFORMALL THE REQUIRED NOW THE APPLICATION. THIS LICENSE. SIGNATURE: APPLICATION ACCEPTED	Sting application for DER PENALTY OF TO THE BEST OF RMATION ARE OF DTICES, UNLESS THE RIGHT OF I	r actual acts of bla F PERJURY TH OF MY KNOWL GROUNDS FOR OTHERWISE S REASONABLE I	sting. AT THE STATEMENT EDGE AND BELIEF. R DENIAL OF THIS A SPECIFIED, SENT BY NSPECTION SHALL I	S MADE IN TH I UNDERSTAN PPLICATION. U.S. MAIL TO BE A CONDITION DATE:	ID THAT A I AGREE T I HE ADDR ON FOR ISS	NY FALS O HAVIN ESS GIVE SUANCE (



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

LICENSING DIVISION





PYROTECHNIC COMPANY/FIREWORKS APPLICATION – PAGE 4

Business/Company	Name:		
FOR OFFICIAL USE	G:	•••••	
{APPROVALS}			
<u>PDS – ZONING</u> [] Approved [] Disapproved	LOCAL FIRE DEPART	<u> [] Approved [] Disapproved</u>
By:	Date:	By:	Date:
Reason:	Code section:	Reason:	Code section:
SDPD – BOMB/ARSO	<u>DN</u> [] Approved [] Disapproved	<u>А.Т.Ғ.</u> [] Арр	proved [] Disapproved
By:	Date:	By:	Date:
Reason:	Code section:	Reason:	Code Section
<u>SHERIFF – BOMB/A</u>	RSON Approved Disapproved	S.O. Backgrounds [] Approved [] Disapproved
By:	Date:	Ву:	Date:
Pageon:	Code Section:	Doggons	Cada Saction: