

Applicant Informa	tion:			
Name of Company:				
Mailing Address:				
Contact Person:			Phone#:	
License Type & Numbe	er:			Exp:
Workers Comp #:				Exp:
Wholesale License #:				Exp:
				License #:
Event, Site & Disp	lay Information			
Public Display	Motion Picture	Stage/Thea	itrical	Special Effects
Name of Event:				
Contact Number:				
				2:
License Number:				
Names of Operator As				
Display Date(s)				
Site Arrival Date:	Time:	Start time:		End time:
Site Arrival Date:				End time:
Site Arrival Date:				End time:
Firing Method: N	1anual Electr	ical Coi	mbinatior	I
Manual or Electrical will	reloading be necessar	y: Yes	No	
Will Display affect airpor		Yes	No	
NOTE: if "Yes" FAA notificat	ion is required and is the re	sponsibility of the Py	rotechnicia	n
Load Site & Storage in				
Location of Storage prio	r to Shipping to Displa	ay site:		
Address:		City:		State: Date:
Departure Date from Sto	orage location:			
Location of Load Site:				
Location & method of Sto	orage proper to displa	y or performance		
Location & method of st	orage during display o	r performance: _		

Production and Device Information

Wholesaler supplying all devices used in display: _____

Wholesaler's State License #: _

Importer/Exporter supplying all devices used in display: _____

Importer/Exporter's State License #: _____

Device or Effect Description (Type & Size)	No. of Devices	Approx. Burn Time	Approx. Height	Approx. Width	Approx. Travel Distance	Approx. Drop	Approx. Diameter	Mortar Type(s)

Items To supply with Application

Provide a dimensional site plan diagramming the area where the display will be held. The plan shall include: the placement of devices, location of firing site, description and location of rated and approved storage magazine, locations of nearby buildings and roads, location of any performers, distance to audiences or spectators, fallout area and normal wind direction. **NOTE: Clearly delineate the Fallout Area dimensions using the worst-case device or effect.**

Site control measures

Provide site plan with description and location of rated and approved storage magazine

Written authorization from property owner

Copy of CA SFM Pyrotechnician License – Pyrotechnic Operator 1st Class or Pyrotechnician – Unrestricted Submit a photocopy of the Public Display License and a wet-signed cover letter (on letterhead) from the company. The company representative shall be registered and on file with the California State Fire Marshal's Office. Submit fire retardant certificates for any stage drops/decorations, etc. (where applicable)

Workers compensation insurance certificate

Provide a Certificate of Public Liability Insurance in the amount of not less that one million (\$1,000,000) dollars for the purpose of covering bodily injury and property damage with the "City of San Rafael and the City of San Rafael Fire Protection District, their Officers, Agents and Employees" named as additional insured. **NOTE: A permit will not be issued without this inclusion.**

For outdoor displays, provide a detailed site security plan. **NOTE: Site security shall be arranged or provided by the applicant.** For theatrical special effects, provide a queue script that describes when the effect(s) will occur during the performance. Copy of CA SFM Pyrotechnic Operator's Log for Special Effects and Theatrical Licenses

Details for scene safety

Details of first aid and firefighting measures

MSDS sheets

Documentation that all rules and regulations governing the transportation, storage, handling and use of explosives, fireworks or other energetic or flammable/combustible special effects must comply with the provisions of the CA Fire Code, CA Code of Regulations Title 19, Federal DOT/BATF and all other applicable requirements.

Additional Requirements Once Permit is Issued

Copy of Permit will be on site and available for review

Provide proof of current state pyrotechnic operator license and display on site

Contact Marin County Communications Center prior to activity – 415479-2311

Contact Fire Department 24 hours before activity - 415-485-3304

Special effects producing a report or other audible effect are I limited to the following days/hours M-F 7AM to 9PM Totally amounts not to exceed 10lbs

Applicant Name: ______

|--|

Signature: