

CITY OF PORT ORCHARD

Permit Center

Office located at 720 Prospect Street Mailing address: 216 Prospect Street Port Orchard, WA 98366 (360) 874-5533 • permitcenter@cityofportorchard.us

FIREWORKS SALES PERMIT APPLICATION (POMC 5.60)

Fireworks Sales to be at (site address):				
Business at this location (if applicable):				
Dates of Operation: Cumulative total number of days:				
Time Open to Public: Closing Time:				
Applicant Name:				
Company Name:				
Mailing Address (street, city, state, zip):				
Phone:E-mail:				
Emergency Contact (name and title):				
Emergency Contact Number(s):				
Vendor Name (Organization):				
Point of Contact (name):				
Mailing Address (street, city, state, zip):				
Phone:E-mail:				
The Vendor is a tax-exempt non-profit organization as described by: □ 501(c)(3) □ 501(c)(4) □ 501(c)(10) □ N/A				
UBI #: Do you have a City Business License? Yes No Applied (date): If you do not have a city business license, apply online at: <u>bls.dor.wa.gov</u> , unless a tax-exempt organization as selected above <u>and</u> the vending activities do not exceed a cumulative total of three days.				
COMPLETE ALL INFORMATION BELOW				
THIS APPLICATION IS FOR: TEMPORARY STAND TEMPORARY TENT (requires a separate permit)				
Sanitation Control (garbage and restrooms): How will these be provided and maintained?				
How will the stand area be cleaned before, during and after the event?				
Will electrical connections be required to operate? INO I Yes. If yes:				
Describe how the need will be met:				
Indicate the location of the power source on the site plan.				
Are you planning to put up temporary sign(s)? INO I Yes "Temporary sign" means any sign that is used temporarily and is not permanently mounted, painted or otherwise affixed, excluding portable signs, including any poster, banner, placard, stake sign or sign not placed in the ground with concrete or other means to provide permanent support, stability and rot prevention. They may only be made of nondurable materials including, but not limited to, paper, corrugated board, flexible, bendable or foldable plastics, foamcore board, vinyl canvas or vinyl mesh products of less than 20- ounce fabric, vinyl canvas and vinyl mesh products without polymeric plasticizers and signs painted or drawn with water soluble paints				

or chalks. Signs made of any other materials or permanently mounted shall be considered permanent and require a permit.

SUBMITTAL REQUIREMENTS

This application shall include the following, unless specifically waived by DCD: *(Check the box for each item included with this application)*

- □ This Fireworks Sales Permit Application with original signature.
- □ A copy of the completed Fire Protection Bureau Fireworks Licensing Program Application for Retail Fireworks Stand Permit.
- □ The original blue Consumer Fireworks Retail Sales Stand License issued by the Washington State Patrol Fire Protection Bureau.
- □ A certificate of Liability Insurance which names the City of Port Orchard as an Additional Insured. The coverages in any one accident or occurrence for each of the following shall not be less than:
 - \$1,000,000 Liability;
 - \$500,000 Bodily Injury; and
 - \$300,000 Property.
- \Box A copy of the site plan.
 - □ Show zoning district setbacks of applicable zone (use a dotted line around property perimeter to show setback distance). *Refer to POMC 20.122.025 table for dimensions.*
 - □ Show distance from other structures.
 - □ Show location of generator and distance from sales stand/tent, if applicable.
 - □ Show location(s) of trash receptacles and sani-cans, as applicable.
- □ A copy of the lease agreement between the permittee and the owner of the property.
- □ Temporary Tent permit application, as applicable.
- □ Sign permit application, as applicable.
- □ FEES:
 - □ Fireworks Sales Permit \$100.00
 - □ Debris Clean-up deposit \$50.00

Authorized Agent Signature: The authorized agent is the primary contact for all project-related questions and correspondence. The Permit Center will email or call the authorized agent with requests and/or information about the application. The authorized agent is responsible for communicating information to all parties involved with the application. It is the responsibility of the authorized agent to ensure their contact information is accurate and that their email account accepts email from the Permit Center.

I affirm that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge.

X		_ Date:	
X Authorized Agent Signature			
Print Name:		_	
S	TAFF USE - DO NOT WRITE BEI	OW THIS LINE	
VENDOR INFO VERIFIED: UBI #:	City Business License: _	initial	
PERMIT #'s FOR RELATED PROJECT	rs:		
PERMIT #	RECEIPT #'s: for Permit	for Deposit	
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