



City of Santa Fe Fire Department

P.O. Box 909, 200 Murales Road · Santa Fe, New Mexico 87504
(505) 955-3110 · FAX (505) 955-3115

Fire Prevention Use Only:

Date Request Received: _____ Date of Burn: _____ Permit #: _____

CONSUMER GRADE FIREWORKS PERMIT APPLICATION

APPLICANT NAME: _____

MAILING ADDRESS: _____ CITY, ZIP: _____

PHONE: (____) ____-____ FAX: (____) ____-____

E-MAIL: _____

FIREWORKS SITE LOCATION: _____

OWNER/BUSINESS NAME (if applicable): _____

PURPOSE OF FIREWORKS: _____

TYPE OF BURN MATERIALS INVOLVED: _____

PROTECTIVE MEASURES (i.e. fire extinguisher, hose at what distance from burn, etc.):

DATE OF FIREWORKS: _____

START TIME OF DISPLAY: _____ END TIME OF DISPLAY: _____

ADDITIONAL INFORMATION, SECONDARY CONTACT, ETC.: _____

APPLICANT SIGNATURE: _____ DATE: _____

Please indicate if you are non-profit by checking this box. Proof must be given of non-profit status.

\$10 fee for all burn permits, except non-profits