



CITY OF SANTA FE
FIRE DEPARTMENT

Fire Prevention Use Only: Date Requested: _____ Date of Event: _____ Permit #: _____

FIREWORK PERMIT APPLICATION

APPLICANT NAME: _____

MAILING ADDRESS: _____ CITY, ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

FIREWORK SITE LOCATION: _____

OWNER/BUSINESS NAME (if applicable): _____

PURPOSE OF FIREWORKS: _____

TYPE OF PYROTECHNICS: _____

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

DATE OF FIREWORK DISPLAY: _____

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

ADDITIONAL INFORMATION, SECONDARY CONTACT, ETC: _____

DISCLAIMER:

APPLICATION MUST BE SUBMITTED A MINIMUM OF 72 HOURS PRIOR TO THE EVENT. APPLICATIONS RECEIVED LESS THAN 72 HOURS IN ADVANCE WILL NOT BE APPROVED.

WHEN SUBMITTING FIREWORK APPLICATION, PLEASE ATTACH SITE MAP WITH LAUNCH ZONES CLEARLY MARKED.

APPLICANT SIGNATURE: _____ DATE: _____