



City of Port Orchard
 216 Prospect Street, Port Orchard, WA 98366
 (360) 876-4407 • FAX (360) 895-9029

FIREWORKS STAND APPLICATION

(Port Orchard Municipal Code. 5.60)

City Business License # _____
 (Fireworks License cannot be issued unless your City Business License is current)

Firework Permit Fee \$100.00

Deposit \$50.00

 Name of Sponsoring Organization

 Name of Person Completing This Application

 Point of Contact

 Telephone Number:

 Street Address

 City

 State

 Zip Code

 Dates of Temporary Stand

 Location of Temporary Stand

 Time Open to Public

 Closing Time:

1. Describe how this event will benefit the community: _____

2. What is expected traffic pattern for the event? **Attach a site map indicating location of the stand, fire lanes, garbage, and restroom/sani-can(s):** _____

3. Describe how public safety, traffic and crowd control will be provided. How many police officers do you anticipate will be needed for (1) traffic control and (2) crowd control? _____

4. Describe how sanitation control (garbage and restrooms) will be provided and maintained: _____

5. Describe how fire lanes will be identified and kept open: _____

6. If any stand requires electrical connections or other accommodation to operate, indicate location and how you anticipate meeting their needs: _____

7. If your event requires vehicles to be towed, your organization must accept responsibility and indemnify the City of Port Orchard and other authorizing property owner(s) by agreeing to pay tow/storage charges or damage claims which result from the vehicle being towed, if a court rules in favor of the registered owner and orders payment of such charges or damage claims. Do you accept this responsibility? ___ Yes ___ No If yes, name of person responsible for rendering payment of tow/storage charges. If no, explain why: _____

8. If nature of this event requires event workers to stay overnight, where and how do you anticipate providing their lodging? If you anticipate utilizing private property(s) for lodging or other purposes, **the owner of the subject property(s) must complete and sign the following:**

Name of property owner: _____

Authorizing authority: _____ Title: _____

Address: _____ Telephone: _____

Signature of authorizing authority: _____

A. Are there any limitations or restrictions on use of your property? ___ Yes ___ No If yes, please describe in detail: _____

B. How will use of your property by event workers impact neighboring property owners? Describe steps that will be taken to mitigate any adverse impact(s): _____

9. How will the stand area be cleaned before, during, and after the event? _____

10. Please provide any other information, which you believe, will assist the City in the review process: _____

THE FOLLOWING MUST BE INCLUDED WITH THE APPLICATION:

1) A copy of a valid and subsisting license by the State of Washington authorizing the holder thereof to engage in the fireworks business;

2) A certificate of insurance for liability of not less than \$\$1,000,000 Liability; \$500,000 Bodily Injury; \$300,000 Property and shall name the City of Port Orchard as an additional insured.

3) A copy of the site plan

4) A copy of a lease agreement between the permittee and the owner of the property

Failure to provide any of the above information may result in a denial of the permit.

The following requirements apply to all permittee's engaged in Sales of Fireworks and license may be revoked for violation of any of these requirements:

- The applicant shall obtain a business license from the City;
- The location of the proposed place of business shall comply with all rules and regulations of the Port Orchard Municipal Code;
- If the applicant removes such temporary stand and cleans up the debris before the tenth day of July each year, he/she shall be entitled to the return of his/her \$50.00 deposit;
- Fireworks shall be sold only from temporary stands and must conform to the written rules and regulations of the Fire Authority;
- Each permittee must obtain a permit from the Fire Authority;
- Each permittee is entitled to only one retail outlet; and
- Fireworks will only be sold from approved stands starting at 9:00 a.m. and close at 11:00 p.m.

Signature of Applicant: _____

Date: _____

Position: _____

NOTE: This section to be completed by City staff after application is submitted to the City Clerk.

Date Application Received: _____

Fireworks Permit No.: _____

Date Deposit Fee Received: _____

Amount of Deposit received: _____

Date Fireworks Permit Fee Paid: _____

Amount of Fireworks Permit fee paid: _____

Receipt No: _____

Date received Certificate of Liability: _____

Date received copy of WA State License to engage in fireworks business: _____

Approved By _____

Patricia J. Kirkpatrick, City Clerk or designee

Date application given to Fire Authority: _____

Fire Authority Approval of refund of deposit ____ Yes ____ No

If no, why: _____

Date Deposit Returned: _____

Amount of Deposit Returned: _____