



# City of Caldwell

**Debbie Geyer, City Clerk**  
**411 Blaine Street – P.O. Box 1179**  
**Caldwell, ID 83606**  
**455-4656**

## 2009 APPLICATION FOR FIREWORKS PERMIT

Application for a non-aerial common fireworks or a dangerous fireworks permit must fill out the following form and return it to the office of the City Clerk as listed above.

**NOTE: Stands located outside the city limits should not apply with the City of Caldwell.**

Applications for a permit to sell non-aerial common fireworks at retail shall be filed with the City Clerk on or before **April 15** for the summer sales permit or **October 15** for the winter sales permit.

Non-aerial common fireworks may only be sold within the summer sales period from 11:59 p.m. on June 22 to 12:01 a.m. on July 5 or the winter sales period from 11:59 p.m. on December 15 to 12:01 a.m. on January 1. **(See attached Ordinance No. 2717)**

**Please note that you may access duplicate copies of this Firework Application packet on the City of Caldwell website located at: <http://www.cityofcaldwell.com> (City Clerk's departmental document page).**

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Items to be returned with this application:**

- Copy of proof of Insurance+coverage document.
- Letter of permission from property owner where temporary stand will be located.
- Site plan to include booth location, traffic flow pattern (ingress and egress), closest fire hydrant, and proximity of closest residence to the site.
- Acknowledgement of Receipt and reading of Ordinance No. 2717.
- Application for Temporary Fireworks Stand Permit from Caldwell Fire Department.
- Check made payable to the City of Caldwell in the amount of **\$127.85**. (Fire Department \$102.85 + City Clerk \$25 = \$127.85 total)
- Copy of applicant's driver's license for purpose of the background check.

1. The purpose for which the applicant is primarily existing and for which it was organized: \_\_\_\_\_  
\_\_\_\_\_
  
2. The names and addresses of the officers, trustees and directors: (Please attach additional names and addresses on a separate sheet if more space is needed.)
 

(\*) Name: \_\_\_\_\_  
Address/City/State \_\_\_\_\_

(\*) Name: \_\_\_\_\_  
Address/City/State \_\_\_\_\_
  
3. Address of location where fireworks stand or display will be located:  
(Note: The applicant must submit evidence of consent by the owner of said location and a site plan indicating specifications as listed on page one (1) of this document)  
\_\_\_\_\_  
\_\_\_\_\_
  
4. When and where the applicant's firm or organization was organized and established, or if a natural person, the applicant's age: \_\_\_\_\_
  
5. The location of the applicant's principal and permanent meeting place or principal place of business:  
\_\_\_\_\_
  
6. The applicant's State Sales Tax Permit number: \_\_\_\_\_
  
7. If the applicant is an entity other than sole proprietorship, the name and general description of the business activities of each parent or subsidiary company, business or entity, and a general description of the ownership organization of each parent or subsidiary, if applicable:  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

**Must be signed before a Notary Public**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public of Idaho  
Residing at \_\_\_\_\_  
Expires \_\_\_\_\_

**OFFICE USE ONLY**

**City Clerk Check List for Firework Permit Applications**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

City Clerk App. \_\_\_\_\_ Proof of Insurance: \_\_\_\_\_

Permission to sell at location: \_\_\_\_\_ Fire Dept. App. \_\_\_\_\_

Acknowledgement of receipt & reading of Ordinance No. 2717 \_\_\_\_\_

Listing of names & numbers for background check: \_\_\_\_\_

Site Plan: \_\_\_\_\_

Copy to Fire Department: \_\_\_\_\_

Information added to spreadsheet: \_\_\_\_\_

Permit to Operate Issued: \_\_\_\_\_

**Approved By**

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Director: \_\_\_\_\_ Date: \_\_\_\_\_

Police Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_