



**SAN DIEGO COUNTY
SHERIFF'S DEPARTMENT**

License Division, 9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062

William D. Gore, Sheriff

APPLICATION FOR PYROTECHNIC COMPANY

Initial Fee: \$322.00

(FEES ARE NON-REFUNDABLE)

FILE # FW

Renewal Fee: \$297 per event/display
(Plus applicable State fees)

**IN ADDITION TO THE GENERAL APPLICANT BACKGROUND APPLICATION, YOU MUST SUBMIT THE FOLLOWING
ADDENDUM APPLICATION AND ITEMS**

- ☐ State COE for all employees or individuals handling explosives including responsible person (§12101H&S)
- ☐ ATF License
- ☐ State Fire Marshal's Permits (Wholesaler, Public Display, Importer/Exporter)
- ☐ Hazardous Materials Permit
- ☐ Hazardous Transportation License issued by CHP if transporting
- ☐ Parcel Number(s) of Storage Location(s) if storing, including incorporated cities
- ☐ Map of storage locations
- ☐ Insurance showing the Sheriff's Department as additionally insured
- ☐ Handlers application (per employee handling fireworks)
- ☐ Written permission from owner saying that fireworks storage is ok (lease agreement)
- ☐ Other _____

(Print or Type only)

Business/Company Name: _____ **Store Phone # ()** _____

Business Address: _____
Number Street City State Zip

Mailing Address: _____
Number Street City State Zip

Name of owner(s) of property being leased to Fireworks Company:

_____ Contact # () _____
_____ Contact # () _____

(If the applicant is not the owner of the company, written permission from the owner must be attached)

Manager of Business _____ Contact # () _____

Asst. Mgr. of Business _____ Contact # () _____

Supervisor of Business _____ Contact # () _____

Supervisor of Business _____ Contact # () _____

Owner(s) of Company (check one): ☐ Individual ☐ Corporation _____ State ☐ LLC _____ State

(If you are not sole owner of the business, each partner and/or business associate must complete a General Application form.)

TRANSPORT

If transporting, list vehicle(s) used for transportation of explosives:

Yr. _____ **Make** _____ **Model** _____ **Color** _____ **Lic #** _____

Yr. _____ **Make** _____ **Model** _____ **Color** _____ **Lic #** _____

Yr. _____ **Make** _____ **Model** _____ **Color** _____ **Lic #** _____

Yr. _____ **Make** _____ **Model** _____ **Color** _____ **Lic #** _____

Yr. _____	Make _____	Model _____	Color _____	Lic # _____
Yr. _____	Make _____	Model _____	Color _____	Lic # _____
Yr. _____	Make _____	Model _____	Color _____	Lic # _____
Yr. _____	Make _____	Model _____	Color _____	Lic # _____

EVENT DISPLAY LOCATION – A SEPARATE PERMIT IS REQUIRED FOR EACH LOCATION IN THE UNINCORPORATED AREA OF SAN DIEGO COUNTY – APPLICATIONS FOR PUBLIC DISPLAY MUST BE MADE AT LEAST 30 DAYS BEFORE EVENT

Date of event: _____ Time of event: _____ Person in charge of event: _____ Contact # _____
Address of Fireworks display: _____
Number Street City State Zip
Fire Department inspector's name: _____ Contact # (____) _____
Property owner's name: _____ Contact # (____) _____

Date of event: _____ Time of event: _____ Person in charge of event: _____ Contact # _____
Address of Fireworks display: _____
Number Street City State Zip
Fire Department inspector's name: _____ Contact # (____) _____
Property owner's name: _____ Contact # (____) _____

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Number Street City State Zip
Fire Department inspector's name: _____ Contact # (____) _____
Property owner's name: _____ Contact # (____) _____

Date of event: _____ Time of event: _____ Person in charge of event: _____ Contact # _____
Address of Fireworks display: _____
Number Street City State Zip

Fire Department inspector's name: _____ Contact # (____) _____
Property owner's name: _____ Contact # (____) _____

Travel Routes and Stopping Places: _____

STORAGE

* Complete this section if storing explosives. Per Section 35.102 of the San Diego County Code of Regulatory Ordinances, all Type I explosive magazines must be equipped with a Direct Dial alarm system to automatically transmit a signal to an alarm-response company.

Storage Location (including Off-site Storage Location) Parcel(s) # _____

Number	Street	City	State	Zip
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Fire District _____ Inspector's name _____ Contact # (____) _____

** Note: A Blaster's Permit is required for the actual act of blasting. See County Code Section 3301.2.1.
Please complete separate blasting application for actual acts of blasting.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF THIS APPLICATION. I AGREE TO HAVING ALL THE REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THE APPLICATION. THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF THIS LICENSE.

SIGNATURE: _____ DATE: _____

OFFICIAL USE:

APPLICATION ACCEPTED BY: _____ DATE: _____

{APPROVALS}

DPS – ZONING [] Approved [] Disapproved

By: _____ Date: _____

Reason: _____ Code section: _____

LOCAL FIRE DEPARTMENT [] Approved [] Disapproved

By: _____ Date: _____

Reason: _____ Code section: _____

SDPD – BOMB/ARSON [] Approved [] Disapproved

By: _____ Date: _____

Reason: _____ Code section: _____

A.T.F. [] Approved [] Disapproved

By: _____ Date: _____

Reason: _____ Code Section _____

SHERIFF – BOMB/ARSON [] Approved [] Disapproved

By: _____ Date: _____

Reason: _____ Code Section: _____

S.O. Backgrounds [] Approved [] Disapproved

By: _____ Date: _____

Reasons: _____ Code Section: _____