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|  | FEES: | PLEASE RETURN TO: Department of Community Development 25 West Main Street Auburn, WA 98001 Phone: (253) 931-3090 Fax: (253) 804-3114 |
| | Fireworks Permit Initial Fee (Noon 6/28 to Noon 7/6) \$70.00 Outside the City Business License Fee - \$50.00 Renewal is \$50.00 Inside the City Business License Fee - \$100.00 Renewal is \$100.00 | |

APPLICATION FOR FIREWORKS PERMIT INDIVIDUAL LICENSE

The Auburn Municipal Code requires that business activity which meet the criteria for individual licenses be applied for in addition to a City of Auburn business license from the Permit Center. City of Auburn business licenses and individual licenses are required to be renewed by December 31st of each year.

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| <u>CHECKLIST/REQUIREMENTS:</u> | | <u>CLEAN-UP BOND</u> |
| WA State Retailers License # _____ | | The clean-up bond shall be posted at least thirty (30) days in advance before sale of fireworks. Deposit will not be returned if the operator fails to perform site cleanup. |
| Insurance Certificate \$1M | Yes <input type="checkbox"/> No <input type="checkbox"/> | NUMBER OF LICENSES: Only 1 per year |
| Stand Diagram | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Clean Up Bond (\$50.00) | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| List of Fireworks to be sold | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| <i>FIREWORKS PERMIT BUSINESS INFORMATION:</i> | | | |
| Name: _____ | | | |
| Address: _____ | | | |
| City: _____ | State: _____ | Zip: _____ | Telephone: _____ |

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|---|----------------------------|-----------------------|------------------|
| <i>APPLICANT'S INFORMATION:</i> | | | |
| Name: _____ | | | |
| Address: _____ | | | |
| City: _____ | State: _____ | Zip: _____ | Telephone: _____ |
| Maiden Name: _____ | Alias/Previous Name: _____ | | |
| Drivers License No.: _____ | Eye Color: _____ | Hair Color: _____ | |
| Sex: M <input type="checkbox"/> F <input type="checkbox"/> | HT: _____ | WT: _____ | |
| Social Security No.: _____ | Date of Birth: _____ | Place of Birth: _____ | |
| U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please indicate status: _____ | | | |
| Previous Home Address Past (5) years: | | | |
| 1. _____ | | 2. _____ | |
| Previous Employment Past (5) years: | | | |
| 1. _____ | | 2. _____ | |

STATE OF WASHINGTON
 COUNTY OF KING

I, _____, being first duly sworn, on oath deposes and says: I am the above named applicant and make this affidavit for the purpose of obtaining from the City of Auburn a FIREWORKS PERMIT individual license. I have personal knowledge of the matters stated in the individual license application, and the statements therein contained are true. I have read the individual license regulation in Auburn City Code 8.24 and the legal requirements contained therein.

I, _____, hereby give permission to the City of Auburn to conduct an investigation into my background. I waive any and all claims against any company, corporation or individual pertaining to information received from such company, corporation or individual by the city as a result of such investigation.

 Signature of Applicant

Subscribed and sworn before me this ____ date of _____,
 20____, Notary Public in and for the State of Washington, residing
 at _____. My Commission Expires: ____/____/____
 Signature: _____

| | | |
|---|--|---------------------------|
| FOR OFFICE USE ONLY: | | Date Received: _____ |
| <input type="checkbox"/> Planning _____ | | Amount Paid: _____ |
| <input type="checkbox"/> Building _____ | | TR Receipt #: _____ |
| <input type="checkbox"/> Fire _____ | | Business License #: _____ |
| <input type="checkbox"/> Police _____ | | |