FP 03-18

RECEIVED
PUBLIC WORKS DEPT

APR 9 2018

CITY OF
DESERT HOT SPRINGS

CITY OF DESERT HOT SPRINGS

FIREWORKS PROGRAM PERMIT APPLICATION & FIREWORKS FIRE SAFETY PERMIT APPLICATION
FIREWORKS STAND LICENSE NUMBER __2018-080__

For Internal Use Only:

State Fire Marshall Permit #: _____

Program Permit Fee: $1,835.00 _____ Safety Permit Fee: $100.00 _____

Deposit/Bond: $150.00 (refundable) _____ 501(C)3 #: 95-3731654 _____

Insurance Certificate: _____ Sales Tax Permit #: _____

FIREWORKS PROGRAM PERMITS AND FIREWORKS SAFETY PERMIT applications are reviewed and approved by the City Council pursuant to Chapter 8.28 of the Municipal Code. The purpose of this review is to ensure that the sale and discharge of Safe and Sane fireworks, as defined by Section 12529 of the California Health and Safety Code, are done in a manner that protects the health, safety and welfare of the general public.

1. Name of Applicant: Sue Giron _____

    Mailing Address: Po Box 34 _____ Phone No. (760) 423-8621 _____

    City State, Zip Code: Cathedral City, CA 92235 Fax No. _____

2. Name of Non-Profit Organization: Desert Hot Springs Elks Lodge No. 2639 _____

    Mailing Address: 64680 Pierson Blvd _____ Phone No. (760) 671-4521 _____

    City State, Zip Code: DHS, CA 92240 _____ Fax No. _____

3. Name of Property Owner: Rite Aid _____

    Mailing Address: 12900 Palm Dr _____ Phone No. (760) 251-3866 _____

    City State, Zip Code: DHS, CA 92240 _____ Fax No. _____

4. Location of Firework Stand: 12900 Palm Dr _____

5. Existing Land Use of Property: Shopping Center _____

6. Existing Zoning of Property: Commercial _____

7. Surrounding Uses:

North: ~~Two Bunch Palms, Homes~~ Granada Ave, Business

South: ~~Vacant Lot & Pizza Hut~~ Hacienda, Shopping Center

East: ~~Palm Shopping Center~~ Residences

West: ~~Building~~ Palm Dr., Closed Business

8. Names of Partners and/or Organization Officers:

Name/Title: Sue Giron / Charter Org. Rep

Address: PO Box 34, Cathedral City, Ca 92235

Name/Title: _____

Address: _____

Name/Title: _____

Address: _____

Name/Title: _____

Address: _____

I declare under the penalties of perjury, that this application has been examined by me and to the best of my knowledge and belief, is a true, correct and complete statement of facts.

Signature of Applicant:

Signature: _Sue Giron_ Date: 3/8/18

Title: Charter Org. Rep

Signature of Property Owner(s) if not same as applicant:

Signature: _____ Date: _____

Title: _____

(Separate written property owner authorization to submit application may be provided. See attached form.)

NOTE: FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION SHALL BE GROUNDS FOR DENIAL

PROPERTY OWNER AUTHORIZATION
MUST BE NOTARIZED

To the City of Desert Hot Springs:

I, **Rite Aid**_____, do hereby certify that I am the owner, or have the
(Property Owner / Authorized Person)

Power-of-Attorney for the owner, of the property located at **12900 Palm Dr**_____, Desert
(Street Address)

Hot Springs, CA 92240, and that I hereby grant permission to **Desert Hot Springs Elks Lodge No. 2639** and
(Charity / Organization)

TNT Fireworks_____ to use the above stated property for the express purpose of the
(Fireworks Supplier)

retail sale of "Safe and Sane Fireworks" (as defined by California Law), for the July 4th, **2018**_____

season, in the City of Desert Hot Springs.

Name: **See Attached**_____ Date: _____
(Signature)

Property Owner: _____
(If different than above)

Address: **12900 Palm Dr**_____

City, State, Zip: **Desert Hot Springs, CA 92240**_____

Phone Number: _____

_____

State of California

County of _____

On _____ before me _____,

personally appeared _____, who proved to
me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies),
and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s)
acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true
and correct.

WITNESS my hand and official seal.

_____
Signature of Notary   *(Notary Seal)*

Index 5942
PCA 59420
Source Code 125700-06

OFFICE OF THE STATE FIRE MARSHAL
RETAIL FIREWORKS LICENSE APPLICATION
(Print or Type)

Complete and return all copies to the office nearest stand location with the required fee of $50.00.
APPLICATIONS MUST BE RECEIVED PRIOR TO JUNE 15 OF THE CURRENT YEAR.

1131 S Street
Sacramento, CA 95811
(916) 445-8373

RETAIL FIREWORKS LICENSE

Licensee **Desert Hot Springs Elks Lodge No. 2639**

Stand Location **12900 Palm Dr**

City, State & Zip **Desert Hot Springs, CA 92240**

County **Riverside**

LOCAL CONTACT PERSON

Name **Mike Casserly**

Phone (714) 738-1002

-Notice-
**COPY OF THIS NOTICE MUST BE POSTED AT STAND
WITH A COPY OF THE LOCAL PERMIT**

A validated license has been issued to this organization shown above for the sale of Safe and Sane fireworks at the location indicated. After a permit has been issued by the authority having jurisdiction this license allows the sale of only classified "Safe and Sane" fireworks at the approved location from NOON, JUNE 28 to NOON, JULY 6, of the year indicated. NOTE: Retail licensees are required to be at least 21 years of age, employees of fireworks stands must be at least 18 and fireworks may not be sold to anyone under the age of 16.

MAILING ADDRESS OF LICENSEE

Name **TNT Fireworks**

Address **555 N Gilbert St**

City, State & Zip **Fullerton, CA 92833**

Validation No:

Authorized by:

Signature of Applicant

FIRE AUTHORITY HAVING JURISDICTION

Fire Dept. **Desert Hot Springs Fire Department**

Address City, State & Zip **65-950 Pierson Blvd**
Desert Hot Sprgs, CA 92240

Signature of Applicant

Date **3/8/18**

White-Licensee • Yellow-Fire Authority• Pink- SFM File

OSP 12 128826

INSPECTION DATE 6/28   **TNT FIREWORKS**

SALES ASSOCIATE MIKE   CITY DESERT HOT SPRINGS

LOCATION# DHS0009   ORGANIZATION

SIZE 6X32   TYPE OPM   BACK DOORS 1   A-FRAMES 0

SET-UP 6/20   DOWN DATE 7/8   LIGHTS OPM

ADDRESS 12900 PALM DR (RITE AID)

INTERSECTION NEC PALM DR & HACIENDA AVE

THOMAS GUIDE — COUNTY RIV   PAGE 696   GRID J5

SPECIAL INSTRUCTIONS STAND FACES STORE, SET IN THE MIDDLE OF
THE PARKING LINES AS SHOWN, GIVE 3 FT IN
FRONT AND BACK OF THE STAND