



BARSTOW FIRE DEPARTMENT
 220 E MOUNTAIN VIEW ST, STE A
 BARSTOW, CA 92311
 (760) 256-5161

FIRE PERFORMANCE/OPEN FLAME PERMIT

Application Fee: \$45.00
 FMSC-____-_____

Permit Applicant			
Business Name:			
Applicant 1: Last Name (Legal Name Required)	MI:	First Name:	Stage Name: (If Applicable)
Applicant 2: Last Name (Legal Name Required)	MI:	First Name:	Stage Name: (If Applicable)
If additional applicants, please attach an additional page(s) with names listed:			
Mailing Address:	City:	State:	Zip Code:
Country:	Phone No:		
Street Address: (if different from above)	City:	State:	Zip Code:
Email:			

Event Sponsor / Promoter			
Business Name:			
Contact Person: Last Name	MI:	First Name:	
Mailing Address:	City:	State:	Zip Code:
Phone No:	Email:		
Phone No 2:	Date & Time of Fire Performance:		

Venue Description			
Venue Name:	On-Site Contact Person:	On Site Contact Phone No:	
Venue Street Address:	City:	Zip Code:	Venue Phone No:
Event Description:	Describe the location of the hazard area within the venue:		

Is the Performance Indoors or Outdoors			
<input type="checkbox"/> Outdoors		<input type="checkbox"/> Indoors	
Stage/Floor Materials			
<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Tile	<input type="checkbox"/> Other:
Ceiling/Overhead Clearance			
<input type="checkbox"/> 7-10 Feet	<input type="checkbox"/> 10-15 Feet	<input type="checkbox"/> 15-20 Feet	<input type="checkbox"/> 20+ Feet
Any additional site-specific information:			

Performance Description		
Duration of performance:	Number of sets in performance:	Approximate square footage of hazard area:
Number of fire performers:	Number of flame effect assistants:	
Description of different flame effect assistant roles (fire safety, photographers, etc.):		

Flame Effect Devices to be activated on stage. Please check all those that apply.			
Fire Poi	Fire Hoop	Fire Knives/Swords	Other* (Please specify)
Fire Staff	Fire Torches	Fire Breathing	
Fuel to be used. Please check all those that apply.			
White Gas	Paraffin	Other	
Kerosene	Isopropyl		
Insurance			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Additional Information? (Optional)	

Holding Area Description			
Number of "No Smoking" Signs		Number of Fire Extinguishers	
Type of Fire Extinguishers		Description or Method of Extinguishing Flame Effect(s)	
Please check all those that apply. If "NO", please explain.			
Holding Area Description	YES	NO	If "NO", please explain.
Fuel Station			
Spin Out Area			
Staging Area			

Certification			
I certify that I am qualified by reason of training, knowledge, and field experience in safe storage, use, and handling of flammable materials applicable to this permit. I further certify that the information provided on this permit is truthful to the best of my knowledge.			
Applicant 1			
Printed Name:		Date:	
Signature:			
Applicant 2			
Printed Name:		Date:	
Signature:			

CONDITIONS OF PERMIT

Any violation of the following conditions will result in the immediate and automatic revocation of this permit and or license.

- 1) This permit shall be in the possession of the special effects coordinator and may be subject to inspection and verification by the authority having jurisdiction.
- 2) All activities associated with the use, handling, storage, and transportation of fireworks, special effects or pyrotechnic devices shall be in accordance with the California Health and Safety Code and Title 19 of the California Code of Regulations.
- 3) Any accident, injury, death, fire, or other emergency response resulting from the discharge of fireworks, special effects, or open flame devices shall be immediately reported to the State Fire Marshal.
- 4) Prior to the activity, a discussion of the events planned and all aspects and ramifications concerning safety issues as they relate to the safe use of fireworks, pyrotechnic devices, and materials shall be held among all appropriate parties, including cast and crew members and the authority having jurisdiction.
- 5) This permit shall be used only by the permittee and only at the specified location.
- 6) Any false statements or misrepresented facts relating to the issuance of this permit may result in the immediate revocation of this permit and/or license.

INSURANCE

- 1) Insurance requirements shall be in accordance with the requirements set forth by the State Agency.
- 2) A Public Display General, Special, or Limited License shall be provided for any entertainment activity where the public or a private group is admitted or permitted to view the display or discharge of "Dangerous Fireworks". Insurance requirement for such Public Display shall be in accordance with Title 19, Chapter 9.45.