

# City of Burlingame Fireworks Stand Permit Application

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address of stand: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

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Received by: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Receipt: \_\_\_\_\_

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Approved by: \_\_\_\_\_

Date: \_\_\_\_\_