LA MIRADA COMMUNITY FOUNDATION
Fireworks Subcommittee

City of La Mirada and
La Mirada Community Foundation
13700 La Mirada Boulevard
La Mirada, CA 90638
Phone: (562) 943-0131

LA MIRADA COMMUNITY FOUNDATION AND CITY OF LA MIRADA
APPLICATION FOR WHOLESALE FIREWORKS PERMIT

Name of person, firm, partnership or corporation engaging in the sale, at retail or wholesale, or in the distributing or manufacturing of fireworks:

Name of Person or Business _____

Contact Person_____

Print or Type Address _____ Phone _____
Street City State Zip

Address where sales records will be maintained and available for review:

Address _____ Phone _____
Street City State Zip

Note: The permit shall be issued in the name of the applicant only and shall not be transferable.

List of owners and managing officers:

Name: _____

Address: _____
Street City State Zip

Name: _____

Address: _____
Street City State Zip

Name: _____

Address: _____
Street City State Zip

- ❑ Copies of State Fire Marshal License Types: M-0123 W-1081 I/E-1080
- ❑ Attach signed **ATTACHMENT A – INDEMNIFICATION AND HOLD HARMLESS AGREEMENT.**
- ❑ Attach evidence of insurance and endorsements(s) as required by **ATTACHMENT B – WHOLESALE INSURANCE REQUIREMENTS AND REQUIRED CERTIFICATES AND ENDORSEMENTS.**
- ❑ Attach copy of current City Business License: License Number _____ Exp. Date:_____
- ❑ Attach proof of required permits and payment of all required permitting fees.
- ❑ Attach letter(s) from property owner giving permission for stand to be located on the premises. (Stand location(s) must be on the attached listing of approved locations, see **ATTACHMENT C.**)
- ❑ Attach a list and plot plan(s) for stand locations showing minimum site distances have been met.
  - ❑ Indicate stand Set-update ❑ Indicate Take-down date ❑ Indicate Size of Stand

_____ _____
Wholesale Applicant Signature Title

_____ _____
Print Name Date