APPLICATION FOR RETAIL FIREWORKS PERMIT

Name of Organization______________________________________________________________

Address of Organization__________________________________________________________________________

(Local Address Only)

Date and State of Incorporation______ __________________________Entity No. C_________________

(Provide Copy of Non-Profit Status)                         (in Good Standing)

Name of Applicant and Title______________________________________________________________

Contact Person____________________________________Telephone No. ________________________

Contact Email __________________________________________________________________________

Principal Officers______________________________________________________________

Number of Members____________________________________________________________________

(Majority must reside in the City of Indio)

In order for your organization to be considered, you will need to provide the following information
with your application before a permit is issued:
- Confirmation of non-profit status and purpose of organization:
  (Veteran, Youth, Patriotic, Welfare, Civic betterment or Charitable purpose);
- Principal and permanent meeting place within territory. City limits (proof of local meeting
  place address);
- Organized and established for minimum of one year preceding filing application;
- Bona fide membership of at least 20 members, the majority of whom reside in the City
  (current roster listing names, physical addresses and phone numbers of members required).

THIS APPLICATION MUST BE RECEIVED AT CITY HALL (100 CIVIC CENTER MALL) NO
LATER THAN MARCH 30, 2018 (NO EXCEPTIONS) OTHERWISE YOUR APPLICATION WILL
NOT BE ENTERED IN THE LOTTERY. THE LOTTERY WILL TAKE PLACE FRI., APRIL 6, 2018
AT 11:00 A.M. AT CITY HALL. IF YOU HAVE ANY QUESTIONS REGARDING THIS
APPLICATION, PLEASE CALL THE CITY CLERK’S OFFICE AT 391-4007.

Signature of Applicant______________________________________________________________

Title_________________________ Date_________________________