



**CORONADO FIRE DEPARTMENT**  
1001 6<sup>TH</sup> STREET  
CORONADO, CA 92118  
(619) 522-7374  
[CORONADOFIRE@CORONADO.CA.US](mailto:CORONADOFIRE@CORONADO.CA.US)

## FIRE PERFORMER/OPEN FLAME PERMIT

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)
<b><i>If additional applicants, please attach an additional page(s) with names listed.</i></b>			
Mailing Address	City	State	Zip Code
Country	Phone No. -- ext.		
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. 1 -- ext.	Email Address		
Phone No. 2 -- ext.	Date & Time of Fire Performance		

Venue Description			
Venue Name:	On Site Contact Person:	On Site Contact Phone Number:	
Venue Street Address	City	Zip Code	Venue Phone No. --ext.
Event Description:	Describe the location of the hazard area within the venue:		
<b>Is the Performance Indoors or Outdoors</b>			
Outdoors		Indoors	
<b>Stage/floor materials</b>			
Concrete	Wood	Tile	Other
<b>Ceiling/overhead clearance</b>			
7-10 Feet	10-15 Feet	15-20 Feet	20 + Feet

Any additional site-specific information

**Performance Description**

Duration of performance		Number of sets in performance		Approximate sq. 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.**

<input type="checkbox"/>	Fire Poi	<input type="checkbox"/>	Fire Hoop	<input type="checkbox"/>	Fire Knives/Swords	Other* (Please specify)
<input type="checkbox"/>	Fire Staff	<input type="checkbox"/>	Fire Torches	<input type="checkbox"/>	Fire Breathing	

**Fuel to be used. Please check all those that apply.**

<input type="checkbox"/>	White Gas	<input type="checkbox"/>	Paraffin	<input type="checkbox"/>	Other (Please specify)
<input type="checkbox"/>	Kerosene	<input type="checkbox"/>	Isopropyl	<input type="checkbox"/>	

<b>Insurance</b>	<b>YES</b>	<b>NO</b>	<b>Additional Information? (Optional)</b>
Insurance			

**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.**

<b>Holding Area Description</b>	<b>YES</b>	<b>NO</b>	<b>If "NO", please explain.</b>
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**

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Applicant 2**

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

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 requirement 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 6, Article 15.