Application for Wholesaler's Business License for "Safe and Sane Fireworks" are due no later than Tuesday, March 31, 2020 at 4:00 p.m. Original form(s) must be submitted to the address below prior to this deadline. Thank you.



220 E. Mt. View, Barstow, Ca. 92311 760-256-3531

## Application for Wholesaler Business License for "Safe and Sane Fireworks" As Required Under Title 5 and Chapter 9.70 of the Barstow Municipal Code

Note: PAYMENT OF THE PROCESSING AND BUSINESS LICENSE FEE DOES NOT CONSTITUTE ZONING / LAND USE APPROVAL, NOR DOES IT PERMIT THE OPERATION OF YOUR BUSINESS.

|                            |   | ·                        |                        |                       |                              |
|----------------------------|---|--------------------------|------------------------|-----------------------|------------------------------|
| BUSINESS NAME              |   |                          | PHC                    | NE                    |                              |
| BUSINESS LOCATION          | STREET & NUMBER (NO P.O. I                | Box) STE / APT#          | CITY                   | STATE                 | ZIP CODE                     |
| MAILING ADDRESS ( if di    | fferent )                                 |                          |                        |                       |                              |
| ADDRESS WHERE WHO          | LESALE STORAGE WILL BE LOC                | ATED                     |                        |                       |                              |
| APPLICATION IS FOR A       | SOLE OWNE                                 | ER PART                  | NERSHIP CO             | ORPORATION            |                              |
| BUSINESS OWNER'S NA        | ME  | HOME ADDRESS             |                        | PHON                  | NE                           |
| NAME / TITLE ( if Partners | ship OR Corporation )                     | HOME ADDRESS             |                        | PHONE                 |                              |
| PROFESSIONAL / AFFILI      | ATE / ASSOCIATE                           | HOME ADDRESS             |                        | PHOI                  | NE                           |
| GIVE FULL DESCRIPTIO       | N OF BUSINESS ACTIVITY: (Rea              | d Below and Initial Her  | e:)                    | Number of Emp         | loyees                       |
| Wholesale business lic     | ense ("license") to sell "safe an         | d sane" fireworks. "S    | afe and sane" firewo   | rks shall not be fur  | nished, sold, distributed    |
| or placed in the posses    | sion of any person or organiza            | tion in the City of Bars | stow, or for sale, use | or distribution in th | ne City of Barstow,          |
| unless such person or      | organization holds a valid and (          | unrevoked permit fron    | n the City of Barstow  | to so possess, sell   | , use or distribute          |
| such "safe and sane" fi    | reworks. If issued, this license          | will be valid from 4/1/2 | 20 to 7/15/20 (or conc | lusion of 2020 ever   | nts whichever occurs first). |
| ACKNOWLEDGEMENT:           |   |                          |                        |                       |                              |
| 1) Evidence of an occu     | rrence-based policy of insuran            | ce naming the City of    | Barstow as an addition | onal insured thereu   | inder, with a policy of      |
| \$1,000,000.00 public      | liability and property damage,            | and general aggregate    | e coverage of \$2,000, | 000.00 are required   | prior to issuance of         |
|                            | it. Please include the Certificate of Inc |                          |                        |                       |                              |
|                            | f "safe and sane fireworks" by f          |                          |                        |                       | State Fire Marshal           |
| shall be in a building     | meeting the requirements of C             | Chapter 6 of National F  | Fire Protection Assoc  | . (NFPA) 1124, so le  | ong as said fireworks        |
|                            | een found to be in violation of a         |                          |                        |                       | _                            |
|                            | s license issued by the Office o          |                          |                        |                       |                              |
|                            |   |                          | , J                    |                       |                              |
| BUSINESS START DATE        | : APPLICANT DR                            | IVERS LICENSE#           | STATE LICEN            | SE# TY                | PE OF STATE LICENSE          |
| RESALE PERMIT#             | FEDERAL I.D. #                            |                          | STATE I.D. #           | If none -             | · SSN#                       |
|                            |   |                          |                        |                       |                              |
|                            |   |                          |                        |                       |                              |
|                            |   |                          |                        |                       |                              |
| PLEASE PRINT FULL NA       | AME.                                      |                          |                        |                       |                              |
|                            |   |                          |                        | _                     |                              |
| I CERTIFY UNDER PENA       | LTIES OF PERJURY THAT THE C               | ONTENTS HEREOF AR        | E TRUE AND CORREC      | CT.                   |                              |
| X                          |   |                          | \$                     |                       |                              |
| SIGNATURE                  | TITLE                                     | DATE                     | ESTII                  | MATE OF GROSS A       | NNUAL RECEIPTS               |
| BUSINESS LICENSE #         | SIC                                       | FOR OFFICE USE           |                        | JNT RECEIVED          |                              |
| BUSINESS LICENSE FEE       |   |                          | 49.00 (Includes SB1    |                       | TOTAL DUE \$ 99.00           |
|                            | Health                                    |                          | ,                      | •                     |                              |
|                            | OTHER                                     |                          |                        |                       |                              |
|                            | · · · · · · · · · · · · · · · · · · ·     |                          |                        | u =                   |                              |
| HOP #DATE                  | SSUEDCUP #                                | DATE ISSU                | ΕυTP#                  | # DATI                | E ISSUED                     |



## 2020 SAFE AND SANE FIREWORKS

## WHOLESALERS/MANUFACTURERS INDEMNIFICATION AGREEMENT

| its officers, o   | (Fireworks Wholesaler/Manufacturer) the "Indemnitors"), agree to indemnify and hold harmless the fficials, directors, employees, agents and volunteers (the "Incomparison (the "Inc | e City of Barstow,<br>lemnitees"), from |  |  |  |
|---|---|---|--|--|--|
| (i)   | any breach of the Indemnitor's obligations under the terms of the Fireworks Wholesaler's Permit issued for furnishment, sale, distribution or placement of "Safe and Sane Fireworks" to an approved Non-Profit Organization who has been issued a "Safe and Sane Fireworks" Operator Permit. any violation by the Indemnitor of any federal, state or local law applicable to the Indemnitor's performance, including without limitation, Applicable Environmental Laws; the failure of the Indemnitor to pay any federal, state or local income, sales, use, payroll or other tax during the term of this agreement; the failure of the Indemnitor to maintain any insurance coverage required to be maintained by this agreement; and   |   |  |  |  |
| (ii)  |   |   |  |  |  |
| (iii)   |   |   |  |  |  |
| (iv)  |   |   |  |  |  |
| (v)   | any claim resulting from the negligent or willful acts or Indemnitor.   | omissions of the                        |  |  |  |
| AUTHORIZED REP  | RESENTATIVE'S SIGNATURE* PRINT NAME / TITLE   | DATE                                    |  |  |  |
| <u>WHOLESALERS/MANUFACTURERS STATEMENT</u> (Fireworks Wholesaler/Manufacturer) shall not furnish, |   |   |  |  |  |
| sell, distribu  | te or place in the possession of any person or organization   |   |  |  |  |
|   | for sale, use or distribute in the City of Barstow, unless  |   |  |  |  |
| · ·   | holds a valid and unrevoked "Safe and Sane Fireworks"   | •                                       |  |  |  |
| issued by the   | City of Barstow to so possess, sell, use or distribute such fire  | works.                                  |  |  |  |
| <b>AUTHORIZED REP</b>   | RESENTATIVE'S SIGNATURE* PRINT NAME / TITLE   | DATE                                    |  |  |  |