



# Application for Fire Permit

220 E Mountain View St. Ste A  
Barstow, Ca 92311  
760-255-5161



**Note: PAYMENT OF FEE(S) DO(ES) NOT CONSTITUTE A PERMIT THE OPERATION OF YOUR BUSINESS.**

BUSINESS NAME:				PHONE #	
BUSINESS LOCATION:					
MAILING ADDRESS:					
CITY / STATE / ZIP:					
BUSINESS OWNER'S NAME / TITLE:					
BUSINESS OWNER'S PHONE #:					
BUSINESS OWNER'S HOME ADDRESS:					
CITY / STATE / ZIP:					
ADDITIONAL OWNER'S NAME / TITLE:					
ADD. OWNER'S PHONE #					
ADD. OWNER'S HOME ADDRESS:					
CITY / STATE / ZIP:					
NUMBER OF EMPLOYEES:					
FULL DESCRIPTION OF BUSINESS ACTIVITY:					
BUSINESS START DATE:	APPLICANT DRIVER'S LICENSE #	STATE LICENSE #	TYPE OF STATE LICENSE:		
WILL YOU USE ANY CHEMICALS OR FLAMMABLE MATERIALS?		<input type="checkbox"/> YES (If yes, then Supplemental Form HM-1 needs to be completed)			<input type="checkbox"/> NO
PLEASE PRINT FULL NAME:					
<i>I CERTIFY UNDER PENALTY AND PERJURY THAT THE CONTENTS HEREOF ARE TRUE AND CORRECT.</i>					
SIGNATURE	TITLE			DATE	