



# Caldwell Rural Fire Protection District

310 S 7<sup>th</sup> Ave, Caldwell ID 83605  
Phone 208-455-4700 Fax 208-455-3014

## FIREWORKS STORAGE INFORMATION

**Instructions:** Please supply all information requested. Use back of form if additional space is needed. Answer accurately, please print clearly and sign/date at the bottom.

STAND LOCATION: \_\_\_\_\_

ON-SITE MANAGER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_ DL# \_\_\_\_\_

### EMPLOYEES WORKING AT STAND (Must be 16 yrs. of age or older):

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SUPPLIER: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCAL REP: \_\_\_\_\_ PHONE: \_\_\_\_\_

STORAGE INFO: When the stand is closed nightly, and before and after the sales period, please identify the physical location(s) of where fireworks will be stored:

\_\_\_\_\_

### APPROVAL BY FIRE OFFICIAL FROM AHJ STORAGE LOCATION:

\_\_\_\_\_

Fire Department Official

\_\_\_\_\_

Fire Department or Agency

\_\_\_\_\_

Fire Official's Signature

\_\_\_\_\_

Fire Official's Phone Number

**I certify that the information supplied above is true and accurate to the best of my knowledge, and will promptly advise the CFD if any information changes.**

OPERATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MISC. NOTES or SPECIAL CONDITIONS: