Fireworks Public Display & Special Effects Permit Application FY2026-2027

Applications must be submitted at least 30 days prior to display date.

Application

Applicant Information

Name of Company or Business Applying:_____

Mailing Address:_____

Contact Name: _____Phone: _____

Email:_____

License Type: _____Lic #: _____ Exp. Date: _____

Wholesale Lic #:_____Exp. Date:_____

Transportation Vehicle Type: _____Lic #:_____

Workers Compensation Declaration

I hereby affirm under penalty of perjury one of the following declarations: (choose one)

☐ Not Applicable

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

☐ I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section3700 of the Labor Code, for the performance of the work for which the permit is issued. My Worker's Compensation Insurance and Policy number are:

Carrier: _____ Policy #: _____

Applicant's Name: (print):_____

Signature:_____ Date:_____

NOTE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must comply with such provisions or this permit will be revoked.

Event / Display Information

Please select all checkboxes applicable to event:

☐ Public Display ☐ Special Effects ☐ Proximal to Audience ☐ Motion Picture ☐ Stage/Theatrical

Name of Event:_____

Event Sponsor/Responsible Person:_____

Address of Event Site:_____

City:_____ State:_____ Zip:_____

Location / Area of Event or Shoot Site:_____

Event or Display Date(s):_____Site Arrival Date/Time:_____

Time(s) of Event or Display:_____Start:_____End:_____

Pyrotechnician of Record:_____ Cell #:_____

Firing Method: ◯ Manual ◯ Electric ◯ Combination Manual/Electric

Will reloading be necessary?: ◯ YES ◯ NO

Will display affect airport traffic?*: ◯ YES ◯ NO

**NOTE: if "YES", FAA Notification is required and is the responsibility of the Permittee.*

Insurance & Legal Information

Please attach proof and upload with application.

Policy number of Employees Compensation Insurance (see No.1 and attach copy):_____

Policy number of Public Liability Insurance (attach copy):_____

1. An original Certificate of Insurance must be filed with this application, which complies with the following requirements (refer to Section 993, Title 19 and 12611, California Health & Safety Code):
    a. The deductible (if any) may not exceed fifteen thousand dollars ($15,000.00). Limits of bodily injury and property damage may not be less than one million dollars ($1,000,000,000.00) combined single limits for each occurrence annually.
    b. A statement must be included that the insurer will not cancel the insured's coverage without 15 days prior written notice to the State Fire Marshal.
    c. The Permittee supervising/discharging the display and the City of Santa Clara, its officers, agents, employees, and servants must be included as additional insureds.
2. The Permittee shall be liable for, and indemnify and hold the City harmless from all harm, injuries, or damages, including attorney's fees, including but not limited to damage to persons or property, which occur in connection with or resulting from the permitted activity.

Pyrotechnic Operator Information

Name of State Licensed Operator Supervising Display:_____

License Class: _____License #: _____

Cell Phone #: _____ Email: _____

Names of Operator Assistants (attach additional sheets if necessary):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Load Site & Storage Information

Location of storage prior to shipping to display site:_____

City:_____State:_____

Departure date from storage location:_____Approximate arrival date:_____

Location of load site:_____

Location and method of storage prior to display or performance:

_____

Location and method of storage during display or performance (if applicable):

_____

Name of Wholesaler supplying all devices used in display: _____

Wholesaler's State License #: _____

Name of Importer/Exporter supplying devices used in display: _____

Importer / Exporter's State License #: _____

Device or Effect Desc. (type and size)	No. of Devices	Approx. Burn(s)	Approx. Height	Approx. Width	Approx. Travel Distance	Approx. Drop	Approx. Diameter	Mortar Type(s)

General Requirements

1. All documentation, including this application and required attachments, must be submitted through our Online Permitting Portal. Use THIS LINK to submit, pay for your permits, schedule inspections and communicate with office staff. If you need to apply for Overtime Plan Review, please go to https://forms.office.com/g/0v5wYvBt0Z
2. You must provide a dimensional plot plan diagramming the area where the display will be held. The plot plan shall include: the placement of devices, location of firing site, locations of nearby buildings and roads, location of any performers, distance to audiences or spectators, fallout area and normal wind direction. Clearly delineate the Fallout Area dimensions using the worst-case device or effect.
3. Submit a photocopy of the California State License individual(s) in charge of show, and a cover letter (on letterhead) from the company. The company representative shall be registered and on file with the California Office of the Fire Marshal.
4. Provide proof of current state pyrotechnic operator license at display site.
5. Submit fire retardant certificates for any stage drops/decorations, etc. (where applicable).
6. For outdoor displays, provide a detailed site security plan. Site security shall be arranged or provided by the applicant.
7. For theatrical special effects, provide a queue script (run of show) that describes when the effect(s) will occur during the performance.

Conditions of Approval

1. All applications and fees shall be submitted a minimum of thirty (30) days in advance of the beginning date of the Display or event. Applications submitted with less than thirty (30) days' notice are subject to expedite fees.
2. A pre-event inspection is required prior to the display or performance. The display or performance shall not proceed unless a representative of the Fire Marshal's Office is present. For theatrical or other special effects, a product demonstration prior to the performance may be required. Note that inspections must be scheduled a minimum of seven (7) business days in advance and must be scheduled through the online portal. We recommend you schedule your inspection as soon as your permit has been issued.
3. All fees are non-refundable upon submission to this office.
4. A permit issued for a Public Fireworks Display or Special Effects may be suspended or revoked if it is determined that there have been any false statements made or misrepresentations as to material facts in the application or plans on which the permit or application was based.
5. Any fireworks or special effect performance may be stopped or modified at the discretion of the representative of the Fire Department as the situation warrants.
6. A copy of the post-display report sent to the Office of the State Fire Marshal shall be submitted within ten (10) working days following the display.

I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT ALL INFORMATION SUBMITTED IS CORRECT. I AGREE TO COMPLY WITH ALL LOCAL LAWS RELATING TO FIRE PREVENTION, AND TO THE RULES AND REGULATIONS ADOPTED BY THE CALIFORNIA OFFICE OF THE STATE FIRE MARSHAL. I HEREBY AUTHORIZE REPRESENTATIVES OF THE FIRE DEPARTMENT TO ENTER UPON THE ABOVE-MENTIONED EVENT PREMISES FOR INSPECTION PURPOSES.

Applicant's Printed Name:_____

Applicant's Signature:_____ Date: _____

Contact Information

Santa Clara Fire Department

Community Risk Reduction Division

1675 Lincoln St., Santa Clara CA 95050

Location: 408-615-4970 | **Email:** crrd@santaclaraca.gov