

BILLING INFORMATION

Permit/Inspection Fee:

Inspector

Signature:

Sonoma County Fire District

Fire Prevention Division 8200 Old Redwood Hwy Windsor CA 95492 ~ 707-892-2441

Special Event Application Food Truck/Propane Permit

A FEE WILL BE CHARGED FOR THIS APPLICATION / PERMIT AT THE TIME OF SUBMITTAL

Note: This Application / Permit is not valid until it is signed by the Fire District

APPLICANT

Name				Name							
Addre	ess			Address	;						
Email				Email							
Phone				Phone							
EVE	NT			_							
Address				Contact							
Emai	l l			Phone							
Even	*			N	umbor of	Dortic	cinante		Evon	t Data	
Name				Number of Parti Per Day		raitio	Total	Start	Start Date End Date		
If Applie	cable										
Over	all Event Profile (Check most applicab										
EVENT CONDITIONS								SAFETY PROVISIONS*			
	NATURE OF EVENT			ENUE			<u> </u>	SECURITY			
	Concert / Music Festival		Indoors			loors		Event Staff			
	Exhibit / Trade Show		Parking / Traffic Access					Private Security			
	Bicycle / Foot Race / Parade		Festival Seating / Standing					Law Enforcement			
	Athletic / Sporting Event		Tables & Chairs				EMERGENCY MEDICAL				
	Agricultural / Farmers Market		Tents- (Application REQUIRED)				Event Staff First Aid				
	Carnival / Fair / Circus / Haunted House		Heating Provided			Advance Life Support (ALS)					
	Motor Sport		Generator Provided			Basic Life Support (BLS)					
	Aviation / Marine Event		FOOD & BEVERAGE				FIRE PROTECTION				
	Political Rally		Catered / Prepared off-site				Fire Extinguishers / Hoses				
	Wedding		Barbeque / Grill on-site			Event Staff Fire Watch					
	Pyrotechnic Display		Deep Fryer on-site			Fire Dept. Stand-by					
	Wine Tasting		Ranges on-site						Engine Stand-by		
Other			Alcohol Served				Fire Rescue Stand-by				
	I declare under penalty of perjury, to th	o bost	of my knowlo	dae and	holiofo t	ho roc	noncos ma	do horoin :	ara trua r	and correct	
Applicant			Printed				ponses ma	de nerem a	Date	and correct.	
Signature:			Name:								
** I f !	Safety Provisions are not sufficient for form will act as your permit onc		ent, additional	l Safety		•	-	•		•	
	C	FFICE	USE ONLY	BELOV	V THIS F	POINT	Γ				
Station #			Local Agency N and conditions been added (If	Public Safety I			Plan	Requ	uired		
	Subject to the conditions noted on the	Fire Ir	nspection For	m, Perm	nit is here	by ap	proved. (Fi	re Inspect	ion Form	n is attached)	
								· · · · · ·			

Invoice#

Printed

Name:

Date Paid:

Date: