



PECHANGA FIRE DEPARTMENT

Fire Performance Permit Application

Permit Applicant			
Business Name			
Applicant 1: Last Name (Legal Name Required)	MI	First Name	Stage Name (If Applicable)
Applicant 2: Last Name (Legal Name Required)	MI	First Name	Stage Name (If Applicable)
*If additional applicants, please attach an additional page(s) with names listed.			
Mailing Address	City	State	Zip Code
Country	Phone No. -- Ext.		
Street Address (If different from above)	City	State	Zip Code
Email			

Event Sponsor / Promotor			
Business Name			
Contact Person: Last Name	MI	First Name	
Mailing Address	City	State	Zip Code
Phone No. 1 -- Ext.	Email Address		
Phone No. 2 -- Ext.	Date & Time of Fire Performance		

Venue Description			
Venue Name	On Site Contact Person	On Site Contact Phone Number	
Venue Street Address	City	Zip Code	Venue Phone No. -- Ext.
Event Description	Description of Location of Hazard Area within Venue		
Is the performance indoors or outdoors?			
<input type="checkbox"/> Indoors		<input type="checkbox"/> Outdoors	
Stage / Floor Materials			
<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Tile	<input type="checkbox"/> Other
Ceiling / Overhead Clearance			
<input type="checkbox"/> 7-10 Feet	<input type="checkbox"/> 10-15 Feet	<input type="checkbox"/> 15-20 Feet	<input type="checkbox"/> 20+ Feet
Any Additional Site-Specific Information			

Performance Description		
Duration of Performance	Number of Sets in Performance	Approximate Sq. Footage of Hazard Area
Number of Fire Performers		Number of Flame Effect Assistants
Description of Different Flame Effect Assistant Roles		
Flame Effect Devices to be Activated on Stage. Please check all that apply.		
<input type="checkbox"/> Fire Poi	<input type="checkbox"/> Fire Hoop	<input type="checkbox"/> Fire Knives / Swords
<input type="checkbox"/> Fire Staff	<input type="checkbox"/> Fire Torches	<input type="checkbox"/> Fire Breathing
Other (Please Specify):		
Fuel to be Used. Please Check All that Apply.		
<input type="checkbox"/> White Gas	<input type="checkbox"/> Paraffin	Other (Please Specify):
<input type="checkbox"/> Kerosene	<input type="checkbox"/> Isopropyl	
Insurance	Additional Information? (Optional)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Holding Area Description	
Number of "No Smoking" Signs	Number of Fire Extinguishers
Type of Fire Extinguishers	Description or Method of Extinguishing Flame Effect(s)
Holding Area Description: Please check all that apply.	
Fuel Station	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spin Out Area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staging Area	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain.	

Certification	
I certify that I am qualified by reason of training, knowledge, and field experience in safe storage, use, and handling of flammable materials applicable to this permit. I further certify that the information provided on this permit is truthful to the best of my knowledge.	
Applicant 1	
Date	Print Name
Signature	
Applicant 2	
Date	Print Name
Signature	