



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)
<i>If additional applicants, please attach an additional page(s) with names listed.</i>			
Mailing Address	City	State	Zip Code
Country	Phone No. -- ext.		
Street Address (if different from above)	City	State	Zip Code
Email			

Event Sponsor/Promoter			
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:	Describe the location of the hazard area within the venue:		
Is the Performance Indoors or Outdoors			
Outdoors	<input type="checkbox"/>	Indoors	<input type="checkbox"/>
Stage/floor materials			
Concrete	<input type="checkbox"/>	Wood	<input type="checkbox"/>
Tile	<input type="checkbox"/>	Other	<input type="checkbox"/>
Ceiling/overhead clearance			
7-10 Feet	<input type="checkbox"/>	10-15 Feet	<input type="checkbox"/>
15-20 Feet	<input type="checkbox"/>	20 + Feet	<input type="checkbox"/>
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 (Fire Safety, Photographers, etc)						
Flame Effect Devices to be activated on stage. Please check all those that apply.						
<input type="checkbox"/>	Fire Poi	<input type="checkbox"/>	Fire Hoop	<input type="checkbox"/>	Fire Knives/Swords	Other* (Please specify)
<input type="checkbox"/>	Fire Staff	<input type="checkbox"/>	Fire Torches	<input type="checkbox"/>	Fire Breathing	
Fuel to be used. Please check all those that apply						
<input type="checkbox"/>	White Gas	<input type="checkbox"/>	Paraffin	<input type="checkbox"/>	Other (Please specify)	
<input type="checkbox"/>	Kerosene	<input type="checkbox"/>	Isopropyl			
Insurance	YES	NO	Additional Information? (Optional)			
Insurance	<input type="checkbox"/>	<input type="checkbox"/>				

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

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:	