



## **2025 Authorization for Use of Property for the Sale of State-Approved Fireworks**

**Final Paperwork Due from Permittees - 4:00 PM on April 30, 2025**

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**Please complete this Authorization and return it to the Salinas Fire Prevention Division located at 200 Lincoln Ave, Salinas CA 93901.**

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**Instructions: Provide information in all fields. This form shall be complete in order to be considered. A signature of the property owner and/or their authorized agent is required. The signature of the authorized fireworks wholesale/distributor representative is also required. Property owners shall grant permission to use the property within 60 days of the application to sell state-approved fireworks.**

**I./(We) \_\_\_\_\_ ,  
(Property Owner and/or authorized agent, Print Full Name)**

**hereby grant permission to: \_\_\_\_\_ , for  
(Name of Non-Profit Organization)**

**the use of my (our) property located at: \_\_\_\_\_ in  
(Stand Location)**

**the City of Salinas, California, for the retail sale of State-approved fireworks beginning the twenty-eighth (28<sup>th</sup>) day of June and ending the fifth (5<sup>th</sup>) day of July. The fireworks sales booth must be removed no later than 5:00 PM on the eighth (8<sup>th</sup>) day of July.**

**Monterey County Tax Assessor Parcel Number \_\_\_\_\_**

**It is understood that this is an Exclusive Authorization and that no other organization or person(s) will be offered the use of the property for the same purpose during the same time period. It is also understood that fireworks sales permittees must comply with all other City of Salinas requirements.**

**Property Owner or Authorized Agent:**

\_\_\_\_\_  
**Signature** **Date**

**Daytime Telephone Number at which Property Owner and/or Authorized Agent can be reached:**

\_\_\_\_\_

**Current Mailing address of Property Owner:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fireworks Wholesale/Distributor Authorized Representative:**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Name of Company**