Ripon Consolidated Fire District

142 S. Stockton Ave. Ripon, CA 95366
Phone 209-599-4209 Fax 209-599-2847

Fire Chief
Dennis Bitters

OPERATIONAL FIRE PERMIT APPLICATION

ALL APPLICANTS MUST COMPLETE THIS SECTION

Application Date: _____

Describe Type of Business/Services: _____

Business Name: _____ **Business Owner**: _____

Business Address: _____

Mailing Address *(if different)*: _____

Business Phone: _____ **Email**: _____

Contact Name: _____ **Phone**: _____

Business License Number: _____ **Expiration Date**: _____

Is this a new business? YES [ ] **NO** [ ] **Date business opened at this location**: _____

Did business relocate from another location? YES [ ] **NO** [ ]

If yes, please provide previous address and date vacated: _____

_____

Operational Fire Permits are **not transferable**. Operational Fire Permits are to be renewed annually. If you stop conducting business at this location, **you must notify the Ripon Consolidate Fire District of any changes in business ownership, activity, location or name**.

By signing below, I hereby certify that I have read and understand the terms above, and that under penalty of perjury the information provided on this application is true and correct. I also acknowledge that the City of Ripon has adopted the Fire Code, and the amendments thereof and use of the permit(s) being applied for will conform to accepted standards.

Applicant Signature: _____ **Date**: _____

FOR OFFICE USE

Permit Number	Permit Type	Fee
	TOTAL	

Date Issued: _____ **Issued By**: _____ **Check/Receipt #**: _____