

\$352.00 **Permit Fee:**

TO BE COMPLETED BY PERMIT APPLICANT	(PLEASE PRINT)			
BUSINESS NAME:				
MAILING ADDRESS:			SUITE:	
CITY:	STATE:		ZIP:	
EVENT TITLE:				
EVENT ADDRESS:				
SET-UP DATE(S):	SET-UP	ΓΙΜΕ(S):		
EVENT DATE(S):	EVENT S	START TIME(S):		
CONTACT PERSON:	ON-SITE	CONTACT:		
PHONE NUMBER: ()	PHONE N	NUMBER: ()	
E-MAIL ADDRESS:	E-MAIL	ADDRESS:		
TYPE OF PERMIT: FLAME EFFECTS DEMONSTRATION OTHER D				
Please include a check made payable to the CITY OF SEATTLE with this application.				
Permit applications may be submitted in person weekdays from 8:00 a.m. to 4:30 p.m., or mailed to:				
Seattle Fire Department Fire Marshal's Office – Permits 220 Third Ave S, 2 nd Floor		Visa or Master Card, email this application to us, US TO BE PROVIDED AN ONLINE PAYMENT KEY -1450		
Seattle, WA 98104-2608	E-mail: permits@seattle	e.gov		
PAYMENT MUST ACCOMPANY ALL APPLICATIONS. PAYMENTS RECEIVED LESS THAN 30 DAYS PRIOR TO THE EVENT WILL BE ASSESSED A LATE FEE EQUAL TO 50% OF THE ORIGINAL PERMIT FEE.				
FMO OFFICE USE ONLY:				
Approved by:	Date:			
Permit cc:				
☐ Cancel, refund requested (Approval attached)	☐ Cancel, no refund	Reason:	Initials:	
Application ID# Chec	k No.:	Receipt N	o.:	