

\$408.00 **Permit Fee:**

TO BE COMPLETED BY PERMIT APPLICAN	NT (PLEASE PRINT)		
BUSINESS NAME:			
MAILING ADDRESS:			SUITE:
CITY:	STATE:		ZIP:
EVENT TITLE:			
EVENT ADDRESS:			
SET-UP DATE(S):	SET-UP	TIME(S):	
EVENT DATE(S):	EVENT S	START TIME(S):	
CONTACT PERSON:	ON-SITE	CONTACT:	
PHONE NUMBER: ()	PHONE I	NUMBER: ()
E-MAIL ADDRESS:	E-MAIL	ADDRESS:	
TYPE OF PERMIT: FLAME EFFECTS			
Please include a check made	e 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	To pay with a Visa or M	laster Card, email th	is application to us,
Fire Marshal's Office – Permits	THEN EMAIL US TO BE	PROVIDED AN ONLI	NE PAYMENT KEY
220 Third Ave S, 2 nd Floor Seattle, WA 98104-2608	Tel: (206) 386-1450 E-mail: <u>permits@seattl</u>	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.			
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FMO OFFICE USE ONLY:			
Approved by:		Date	
Approved by.		Date	•
Permit cc:			
☐ Cancel, refund requested (Approval attache	ed)	Reason:	Initials:
Application ID# CI	neck No.:	Receipt No.	: