San Francisco Fire Department

Division of Fire Prevention & Investigation



			EVENT INFORMATION	
BUSINESS NAME				
MAILING ADDRE	SS	NAI	ME OF EVENT	
CITY	STATE	ZIP CODE DAT	ГЕ	
		LOC	CATION	
<u>I</u>	EVENT SPONSOR ACKN	OWLEDGMENT I	RECEIPT FORM	
	nplete this form. Please retue Bureau of Fire Prevention		nts, and fees to the SFFD Ave., Suite 560, San Francisco,	
, (print name), the event sponsor or his/her uthorized representative, acknowledge receipt of the San Francisco Fire Department fire safety package.				
Regulated Activities to each vendor using flammable/combust application forms, s vendors and their or	s at Outdoor Food and Stree g LP-gas (propane, butane), ible liquids. I also agree to ponsor and vendor acknowl	Fairs") and a "Vend charcoal briquettes, value all completed edgment forms, require te fees as a single ap	10 ("Safety Requirements for lor Acknowledgment Receipt Form" wood chips, open flame devices, or sponsor and vendor permit ired documents including names of oplication package to the SFFD	
PRINT NAME		DATE	DATE	
SIGNATURE REQUIRED		TELEPHONE	TELEPHONE NUMBER	
Form Rev. 9/1/2022				

Telephone: (628) 652-3260 Fax Nos: (628) 652-3475