## **2025 APPLICATION FOR FIREWORKS LOTTERY**



☐ Filing Fee: \$25		
1		ES Jan 1- Jan 31 03-20-2025
Name of Qualified Non-Profit Organization		
Primary Contact Person	Telephone	
Street Address of Principal and Permanent Meeting Place	City, State & Zip Code	
Primary Contact Person E-Mail Address	Telephone(s)	
Organization Category: (Select only one)   Youth	n/Sports/Education	
☐ Faith-Based Organization ☐	Veterans Organization	
Proof of number of adult members that reside, are e	employed or own a business in the City o	of Dixon as of
date of application Attached (must be > 25 or 100% of the	e membership):	
4 Tax Exempt Taxpayer ID#:		
Proof of Current Non-Profit Status <u>Attached</u> : ☐ Lett	er of Determination	Other
I certify under penalty of perjury that the above information organization has neither had a fireworks permit revoked in any criminal local, state or federal law within 36 calendar months representative need not be present at lottery to win. Joint ven in Ordinance # 13-001.	y jurisdiction nor been found to be in violation prior to the submittal of this application.	on of any civil or An organization
Date  This application must be filed at City Hall no later	Authorized Representary than the close of business January	
FOR OFFICE USE ONLY:		
☐ RECEIVED with all Required Documentation prior to 5:00 pm on JAN 31st,	2025	
X Fire Chief/ City Clerk or Designee Signature		
☐ Approved ☐ Disapproved		
Entry Number (Staff Use Only):		
1637444.1		