

Fireworks Lottery Application

Year: _____

Name of applicant: _____
Last First Middle

OR

Responsible party: _____
For group or organization Last First Middle

Name of group or organization, if applicable: _____

Mailing address: _____
City State Zip

Phone number: _____

Signature: _____

**This application must be received in the Fire Marshal's Office
by 5 p.m. on the second Wednesday in February.**

Revised 5/10/17



Public Safety Complex
505 NW 179TH ST, Ridgefield, WA 98642
Phone: (360) 397-2186 Fax: (360) 397-2076
www.clark.wa.gov/community-development



For an alternate format,
contact the Clark County
ADA Compliance Office.
Phone: (360)397-2322
Relay: 711 or (800) 833-6384
E-mail: ADA@clark.wa.gov