

Application & attachments must be completed and returned with \$20.00 fee to the Auditor/Treasurer office at least 15 days prior to date of display.

Name of applicant (Sponsoring Organization): _____

Address of applicant: _____

Name of authorized agent of applicant: _____

Address of agent: _____

Telephone number of agent: _____

Date of display: _____ Time of display: _____

Location of display: _____

Manner and place of storage of fireworks prior to display: _____

Type & number of fireworks to be discharged: _____

Minnesota State law requires that this display be conducted under the direct supervision of a pyrotechnic operator certified by the State Fire Marshal

Name of supervising operator: _____ Certificate No.: _____

Required attachments. The following attachments must be included with this application:

1. Proof of a bond or certificate of insurance in amount of at least \$ _____
(Suggested Amount: \$1.5 million minimum)
2. A diagram of the ground at which the display will be held. This diagram (drawn to scale or with dimensions included) must show the point at which the fireworks are to be discharged; the location of ground pieces; the location of all buildings, highways, streets, communication lines and other possible overhead obstructions; and the lines behind which the audience will be restrained. The diagram must also show the fallout radius for each pyrotechnic device used during the display.
3. Names and ages of all assistants that will be participating in the display.

The discharge of the listed fireworks on the date and at the location shown on this application is hereby approved, subject to the following conditions, if any: Must notify Sheriff dispatch (320) 632-9233 and Fire Chief two days prior to the event.

I understand and agree to comply with all provisions of this application, MN Statute 624.20 through 624.25, MN State Fire Code, National Fire Protection Association Standard 1123 (2006 edition), applicable federal law(s) and the requirements of the issuing authority, and will ensure that the fireworks are discharged in a manner that will not endanger persons or property or constitute a nuisance.

Signature of applicant (or agent): _____ Date: _____

Signature of County Sheriff: _____ Date: _____

Printed name of above official: Shawn Larsen, County Sheriff _____ Phone: 320-632-9233 _____

Signature of issuing authority: _____ Date: _____

Printed name of above official: Shannon Coyle, County Auditor-Treasurer _____ Phone: 320-632-0153 _____