

Office of County Auditor-Treasurer

Becker County

Application/Permit for Outdoor Public Display of Fireworks

Applicant instructions:

1. This application is for an **outdoor** public fireworks display only and is **not** valid for an indoor fireworks display.
2. This application must be completed and returned at least 15 days prior to date of display.
3. Fee upon application is \$2.00 and must be made payable to Becker County Auditor-Treasurer

Name of Applicant (Sponsoring Organization): _____

Address of Applicant: _____

Federal Explosives Permit Number: _____ **Enclose a copy of permit.**

Telephone Number: _____ Date of Display: _____ Time of Display: _____

Location of Display: _____

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

State exact location of proposed fireworks display: _____

Describe provisions for security and safety for spectators: _____

Type and number of fireworks to be discharged: _____

Purpose of fireworks display, explain in detail: _____

Are all persons involved with direct discharge of fireworks trained in their use? _____ Are they over the age of 21? _____

MINNESOTA STATE LAW REQUIRES THAT THIS DISPLAY BE CONDUCTED UNDER THE DIRECT SUPERVISION OF A PYROTECHNIC OPERATOR CERTIFIED BY THE STATE FIRE MARSHAL.

For the purpose of a background check please provide:

Full Name of Supervising Operator: _____

Certificate number: _____ Social Security Number: _____ Years of experience: _____ Training in Pyrotechnics: _____

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

1. Proof of a bond or certificate of insurance. The minimum amount of insurance is \$350,000.00 per claimant and \$700,000.00 in the aggregate for a single occurrence.
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.
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: _____

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 Fire Chief/County Sheriff: _____ Date: _____

Signature of Becker County Auditor-Treasurer: _____ Date: _____