



# APPLICATION / PERMIT OUTDOOR PUBLIC FIREWORKS DISPLAY

Office Use Only

Application #: \_\_\_\_\_

Total \$100

Employee Initial \_\_\_\_\_

### 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 the date of display.

## Applicant

First name \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Sponsor/Organization (if different than Applicant): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address of Sponsor: \_\_\_\_\_

## Agent

Name of applicants authorized agent (Fireworks Owner/Operator): \_\_\_\_\_

Address of agent: \_\_\_\_\_

Phone # of Agent: \_\_\_\_\_ Date of Display: \_\_\_\_\_ Time of Display: \_\_\_\_\_

Location of Display: \_\_\_\_\_

Manner and place of storage of fireworks prior to display: \_\_\_\_\_

Type and 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 Number: \_\_\_\_\_

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## Required attachments.

The following attachments must be included with this application:

1. Proof of a bond or certificate of insurance in the amount of at least \$ 1.5 million
2. Provide a diagram of the grounds 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
4. Photocopy of the Fireworks Operator Certificate

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:

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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: \_\_\_\_\_

Signature of Issuing Authority: \_\_\_\_\_ Date: \_\_\_\_\_

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## Payment method

- Credit Card (MasterCard/Visa/Discover, 2.15% convenience fee)

Cardholder name: \_\_\_\_\_ Card number: \_\_\_\_\_

Valid thru (MM/YY): \_\_\_\_\_ 3-digit code: \_\_\_\_\_

- Check number: \_\_\_\_\_ Make check or money order **payable to Olmsted County**. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.

- Money order number: \_\_\_\_\_

## Send your application and payment to:

Olmsted County Vital Records Office  
151 4<sup>th</sup> Street SE  
Rochester, MN 55904  
Fax: (507) 328-7965 (credit card payments only)