



208 NW 1st Avenue
Faribault, MN 55021
507-334-2222
507-333-0399 (FAX)

APPLICATION FOR DISPLAY OF FIREWORKS / PYROTECHNIC SPECIAL EFFECTS

Applicant Instructions:

1. This application and required attachments must be completed and returned at least 15 business days prior to the date of display. Permit shall be valid only for dates approved/issued.
2. Permit Fee - \$ 25 payable to the City of Faribault. Due when application is submitted.

Applicant Information

Today's Date: _____

Name of Applicant (Sponsoring Organization): _____

Address of Applicant (Sponsoring Organization): _____

Name of Authorized Agent of Applicant: _____

Address of Authorized Agent of Applicant: _____

Telephone Number of Authorized Agent: _____

Fireworks/Pyrotechnics Display Information

Date of Display: _____ Start Time: _____ End Time: _____ *Limited to 20 minutes

Location of Display: _____

Property Owner: _____ Phone #: _____

Method for transporting fireworks to site: _____

Method for storing fireworks on site (permitted on day of show only): _____

Description of shells including type, number and diameter: _____

Types of mortars: _____

Types of ignition devices: _____

Methods for security: _____

Portable fire extinguishers (# of extinguishers & locations): _____

Procedure for searching display area afterwards to recover all fired or misfired shells: _____

Procedure for handling misfired shells: _____

Minnesota State Statute (MS 624.20) requires that this display be conducted under the direct supervision of a pyrotechnic operator licensed by the State Fire Marshal's Office.

Printed Name of Supervising Operator: _____

Operator's State of Minnesota Certification Number: _____

I understand and agree to comply with all provisions of this application and the requirements of the issuing jurisdiction and the state of Minnesota and will ensure that the fireworks/pyrotechnic special effects are discharged in a manner that will not endanger persons or property or constitute a nuisance.

Signature of Supervising Operator: _____ Date of Application: _____

Required Attachments

The following attachments must be included with this application:

- 1. License fee: \$ 25.00
- 2. Completed and signed City application form.
- 3. Certificate(s) of Insurance for Liability and Workers' Compensation (if worker's compensation insurance is not required, complete page 4)
- 4. Completed and signed Tax Information form – pg 3 (to be completed by applicant – not pyrotechnic operator)
- 5. A diagram of the grounds at which the display will be held. The diagram must:
 - Be drawn to scale or include dimensions.
 - Show the point at which the fireworks/pyrotechnic special effects are to be discharged and the fall out area.
 - Show location of ground pieces.
 - Show location of all buildings, highways, streets, property lines, and communication lines and other possible overhead obstructions.
 - Show lines behind which the audience will be restrained.

CITY OF FARIBAULT APPROVAL

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:

Signature of Fire Chief: _____ Date: _____

Signature of Police Chief: _____ Date: _____

Signature of Buckham Center Director: _____ Date: _____

Tax Information Form

Form SP:C1

LICENSE APPLICANT:

Pursuant to Minnesota Statutes, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the licenses. **DO NOT** RETURN TO THE DEPARTMENT OF REVENUE.

License Applied For or Renewed	Fireworks Display Permit
Licensing Authority	City of Faribault, 208 NW 1 st Avenue, Faribault, MN 55021
License Renewal Date	

APPLICANT'S PERSONAL INFORMATION (if applicable):

Name	
Street Address	
City, State, & Zip Code	
Social Security Number	

BUSINESS INFORMATION (if applicable):

Business Name	
Street Address	
City, State & Zip Code	
Minnesota Tax ID Number*	*If a Minnesota Tax Identification number is not required, please explain on the reverse side.
Federal Tax ID Number	
MN State Unemployment Compensation Tax #	

(Check here) I certify that by checking this box I do not have any employees and therefore am not required to pay unemployment taxes.

Signature

Position (Owner, Officer, Partner, etc.)

Date

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

(or)

I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law
(these include: Spouse, Parents, Children and certain farm employees)

COMPLETE THE FOLLOWING:

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____

Doing Business as: _____

Business Address: _____

City, State, Zip: _____

***Signature: _____