

## APPLICATION / PERMIT FOR DISPLAY OF FIREWORKS / PYROTECHNIC SPECIAL EFFECTS



Applicant Instructions:

- 1. This application must be completed and returned to the Excelsior Fire District 15 days prior to date of display.
- 2. Fee upon application is \$150.00 and must be made payable to "Excelsior Fire District"

Excalsion Fire District 24100 Smi	ithtown Dool	Shorowood		24
Signature of Fire Chief/Fire Marshal			Date	
approved, subject to the following conditions, if any:	ar irre localion showin	эн нііз аррііс	anon is nere	y
The discharge of the listed fireworks on the date and o		on this applic	ation is here	by
3. Names and ages of all assistants that will be partic	cipatina in the display.			
fireworks/pyrotechnic special effects are to be dis all buildings, highways, streets, communication line lines behind which the audience will be restrained diagram must also show the fallout radius for each	es, and other possible I. For proximate audie	overhead ob nce (e.g. ind	structions; a oor) displays	nd the
2. A diagram of the ground, or facilities (for indoor di This diagram (drawn to scale or with dimensions in	cluded) must show the	e point at whi	ch the	
<b>Required attachments.</b> The following attachments multi- 1. Proof of a bond or Certificate of Insurance in the c				
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I understand and agree to comply with all provisions of authority and will ensure that the fireworks/pyrotechnic endanger persons or property or constitute a nuisance ordinances or policies could lead to revocation of this Signature of Applicant (or Agent)	c special effects are c e. I also understand th	lischarged in at any violati e criminal ac	a manner th on of state l	nat will no aws City
Name of Supervising Operator		Certificate Number		
Minnesota State law requires that this displa pyrotechnic operator cer			vision of a	
Type and number of fireworks/pyrotechnic special ef	_			
Manner and place of storage of fireworks/pyrotechn	ic special effects prior	to display:		
Date of Display	Time of Display			
Phone Number of Applicant (Sponsoring Organization)	Phone Number of Ag	gent		
	( )			
Address of Applicant City State Zip	Address of Agent	City	State	Zip
Name of Applicant (Sponsoring Organization)	Name of Authorized Agent of Applicant			

Excelsior Fire District 24100 Smithtown Road Shorewood, MN 55331 Phone: (952) 401-8801 Fax: (952) 960-1690