



**COUNTY OF CHISAGO
STATE OF MINNESOTA**

**APPLICATION FOR DISPLAY PERMIT OF
FIREWORKS/PYROTECHNIC EFFECTS**

TODAY'S DATE _____
Application Fee - \$5

Application and all required documents must be completed and returned at least 15 DAYS prior to the date of display. The permit will not be issued until all approvals are obtained.

Name of Applicant _____ Phone # _____

Address _____

Authorized Agent of Applicant (organization) _____

Address _____

Phone # _____ Tax ID# _____

Date of Display _____ Time of Display _____

Location of Display (be specific) _____

Manner & Place of Storage prior to display _____

Type & Number of fireworks/pyrotechnics to be discharged _____

Minnesota State Law (MS 624.22 subd 2) requires that the display be conducted under the direct supervision of a pyrotechnic operator certified by the State Fire Marshal

Name of Supervising Operator _____ Certificate # _____

Operators Signature _____

Prior to permit being issued, every applicant along with this application shall

- Provide proof of bond OR certificate of insurance in the amount of at least \$1,500,000
- Provide diagram of the grounds in which the display will be held
 - Which includes, buildings, ground pieces, highways, streets, power & communication lines
 - All dimensions & fallout radius for each device used
- Provide names and ages of ALL assistants that will participating in the display. (must be at least 18)
- Complete Consent for Release of Information form
- Complete Tennessee Warning form
- Complete MN Workers' Comp Law form
- Complete MN Tax Clearance Certificate form

I understand and agree to comply with all provisions of this application and the requirements of 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. I have supplied all required information with this application and that all information given is true and correct.

Applicant's Signature *Date*

This application has been approved for the date and time stated above subject to any conditions listed below

Chisago County Sheriff Date

Chisago County Auditor Date