

APPLICATION FOR DISPLAY OF FIREWORKS/PYROTECHNIC SPECIAL EFFECTS

Applicant instructions:

1. This application must be completed and returned at least 15 days prior to date of display.
2. Fee upon application is \$20.00 and must be payable to **FILLMORE COUNTY TREASURER**

Name of applicant (Sponsoring Organization): _____

Address of applicant: _____

Name of authorized agent of applicant: _____

Address of agent: _____

Telephone number of agent: _____

Date of display: _____ Time of display _____

Location of display: _____

Manner and place of storage of fireworks/pyrotechnic special effects prior to display _____

Type & number of fireworks/pyrotechnic special effects 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 No.: _____

I understand and agree to comply with all provisions of this application and the requirements of the issuing authority, 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 applicant (or agent): _____ Date of application: _____

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

1. Proof of a bond or certificate of insurance in amount of at least \$ _____.
2. A diagram of the grounds, or facilities (for indoor displays), at which the display will be held. This diagram (drawn to scale or with dimensions included) must show the point at which the fireworks/pyrotechnic special effects 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. For proximate audience (e.g. indoor) displays, the diagram must also show the fallout radius for each pyrotechnic device used during the display.
3. Names and ages of all assistants what 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: _____

Signature of fire chief/county sheriff: _____ Date _____

Signature of issuing authority: _____ Date: _____

Signature of County Attorney _____ Date: _____