



## APPROXIMATE AUDIENCE/FIREWORKS-PYROTECHNIC SPECIAL EFFECTS PERMIT APPLICATION

- This application must be completed and returned at least 15 business days prior to the date of display.
- \$150 Application Fee, payable to CITY OF ST. CLOUD.

Name of sponsoring organization: \_\_\_\_\_

### Applicant

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

### Authorized Agent of Applicant

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date and time of display: \_\_\_\_\_

Location of display: \_\_\_\_\_

Type and number of fireworks/pyrotechnic special effects to be discharged: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manner and place of storage of fireworks/pyrotechnic special effects prior to display: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minnesota state law requires that this display be conducted under the direct supervision of a pyrotechnic operator licensed by the State Fire Marshal's Office.

Name of operator: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Signature of Supervising Operator: \_\_\_\_\_ Date of Application: \_\_\_\_\_

The following are required to be included with this application:

1. Certificate of Liability and Workers' Comp Compensation Insurance.
2. 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/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. By ordinance, the City of St. Cloud prohibits indoor proximate audience displays.