



CONSUMER FIREWORKS SALES LICENSE APPLICATION

INDOOR SALES \$50

OUTDOOR SALES \$350 (INCLUDE SITE PLAN OF AREA)

Location of sale address: _____

Applicant Info

Name _____ Email _____

Address _____ Phone # _____

Property Owner Info

Name _____ Email _____

Address _____ Phone # _____

Letter of owner approval attached

Vendor Info

Name _____ Email _____

Address _____ Phone # _____

I hereby certify that I have completed, read and examined this application and attached fireworks regulations. I know the same to be true and correct; I accept responsibility for compliance with all applicable laws, notifications, and city provisions. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating fireworks. I have reviewed and understand the attached applicable ordinance.

This permit is valid from issue date through the required annual renewal date of December 31st for the calendar year.

Signature of Applicant: _____ Date: _____

If approved, email where permit should be sent (please print): _____

Please remit this application to:
St. Cloud Fire Department, Station 1
101 10th Avenue North
St. Cloud, MN 56303
Michael.post@ci.stcloud.mn.us