

## APPLICATION FOR DISPLAY OF OUTDOOR PUBLIC FIREWORKS/PYROTECHNIC SPECIAL EFFECTS

**Applicant instructions:**

1. This application is for an **outdoor** public fireworks display only & is **not** valid for an indoor display.
2. This application must be completed and returned at least 45 days prior to date of display.
3. Fee upon application is **\$50.00** and must be made payable to **Pine County Treasurer**.

Name of Applicant (Sponsoring Organization): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Applicant's Authorized Agent: \_\_\_\_\_

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 and 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 applications: \_\_\_\_\_

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

1. Proof of a bond or certificate of insurance in the amount of at least **\$1 MILLION min as of April 10, 2015**.
2. A diagram of the ground 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 the 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.
3. Names and ages of all assistants who will be participating in the display.

The discharge of the listed fireworks on the date and at the location shown on this application is here approved, subject to the following conditions, if any: \_\_\_\_\_.

Signature of County Sheriff: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of County Auditor-Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_