



# City of East Grand Forks

600 DeMers Ave · P.O. Box 373 · East Grand Forks, MN 56721  
218-773-2483 · 218-773-9728 fax    www.eastgrandforks.net

## APPLICATION FOR FIREWORKS/PYROTECHNIC SPECIAL EFFECTS PERMIT

License Fee: \_\_\_\_\_

Applicant Information (Sponsoring Organization)	
_____	_____
<i>Applicant Name</i>	<i>Phone Number</i>
_____	_____
<i>Applicant Address</i>	<i>City            State            Zip</i>
_____	_____
<i>Federal Tax ID #</i>	<i>MN Tax ID #</i>

Authorized Agent Information	
_____	_____
<i>Authorized Agent Name</i>	<i>Phone Number</i>
_____	_____
<i>Business Address</i>	<i>City            State            Zip</i>

Fireworks/Pyrotechnic Special Effects Information		
_____	_____	_____
<i>Date of Event</i>	<i>Start Time</i>	<i>End Time</i>
_____		
<i>Location of Event</i>		
_____		
<i>Manner and place of storage of fireworks/pyrotechnic special effects prior to display:</i>		
_____		
<i>Type &amp; number of fireworks/pyrotechnic special effects to be discharged:</i>		
_____		

Minnesota state law requires that this display be conducted under the direct supervision of a pyrotechnic operator certified by the State Fire Marshal.	
_____	_____
<i>Name of supervising operator:</i>	<i>Certificate No:</i>
_____	_____
<i>Corporate Address</i>	<i>City            State            Zip</i>

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Application for Fireworks/Pyrotechnic Special Effects License

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*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title*

**Required Attachments**

The following items need to be completed and/or attached in order for the application to be processed:

\* Proof of a bond or certificate of insurance in amount of at least \$\_\_\_\_\_.

\*A diagram of the ground, 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.

\*Names and ages of all assistants that 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: \_\_\_\_\_

**Internal Use Only**

The following items need to be completed and/or attached in order for the application to be processed:

\*Application fee paid in full:  yes  no    Payment Type:  cash  check # \_\_\_\_\_ Receipt # \_\_\_\_\_

\*Application completed in full and signed with required attachments:  yes  no

\*Fire Chief:  approved  denied

Notes: \_\_\_\_\_

Fire Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Approved  yes  no    License Number \_\_\_\_\_

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**Proof of Workers' Compensation Insurance Coverage**

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: \_\_\_\_\_  
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

(Or)

I am not required to have workers' compensation liability coverage because:

I have no employees covered by the law.

Other (specify)

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

\_\_\_\_\_  
*Signature*