

City of Grand Rapids 420 North Pokegama Avenue Grand Rapids, MN 55744 Phone: (218) 326-7600 Fax: (218) 3267608

APPLICATION/PERMIT FOR DISPLAY OF FIREWORKS/PYROTECHNICS SPECIAL EFFECTS

Instructions: Application must be completed and returned no later than 15 days prior to date of event.

Name of a	pplicant (Sponsoring Organization)	:
Contact name: Contact phone:		
Name of authorized agent of applicant:		
Agent name:		Agent phone:
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.		
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 to constitute a nuisance.		
Signature of applicant (or agent):		Date:
Required at	tachments – the following attachmer	ts must be included with this application:
2.	 Proof of a certificate of insurance in amount of \$1,500,000 or as modified by MN. Stat. 466.04, and naming the City of Grand Rapids as additionally insured. 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 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. Name and ages of all assistants that will be participating in the display. 	
APPROVAL	:	
Fire Department:		Date:
City Clerk:		Date: