



PUBLIC DISPLAY OF FIREWORKS/PYROTECHNIC SPECIAL EFFECTS APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. IF A QUESTION DOES NOT APPLY, PLEASE WRITE "N/A".

APPLICANT REQUIREMENTS

- Fee: \$50.00/day
- Copy of pyrotechnic operator certificate (required by State Fire Marshal).
- A copy of certificate of insurance coverage as per Elk River City Ordinance Chapter 22, Section 22-253:
 - General liability, bodily injury, and property damage in the minimum amount of \$1 million single limit.
 - The City of Elk River shall be named as an additional insured on the policy.
- Diagram of the grounds or facilities (for indoor displays) at which the display will be held. This diagram (drawn to scale or with dimensions included) must show the following:
 - Point at which the fireworks/pyrotechnic special effects are to be discharged.
 - Location of ground pieces.
 - Location of all buildings, highways, streets, communication lines, and other possible overhead obstructions.
 - 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.

Sponsoring organization (required*) _____
(*Individuals cannot be issued pyrotechnic permits per fire code)

Contact person at sponsoring agency _____

Address of sponsoring organization _____
Street City State Zip

Sponsoring organization phone _____

Applicant name _____
First Middle Last

Applicant address _____
Street City State Zip

Applicant phone _____

Date of display _____ Time of display _____

Location of display (*Specify address or park*) _____

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

Type & 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.

Full Name of Certified Pyrotechnic Operator: _____

Operator's Contact Number: _____ Alternate Number: _____

Names and ages of all assistants that will be participating in the display

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. I hereby submit application for an Elk River Public Display of Fireworks License and attest that all reported information is true and accurate.

Applicant signature _____ Date _____

OFFICE USE ONLY

Date application complete: _____

Fee paid: _____

 Approved Denied

Conditions _____

Signature of Fire Chief/Designee _____ Date _____

State of Minnesota License Applicant Information

Under Minnesota law (M.S. 270C.72, subd. 4), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your **Minnesota business tax identification number** and the **Social Security number of each license applicant (person signing the application)**.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do **not** return this form to the Department of Revenue.

(Please print or type)

TYPE OF LICENSE BEING APPLIED FOR OR RENEWED: Pyrotechnic Fireworks

LICENSING AUTHORITY: City of Elk River

Personal Information (required):

Applicant's last name	First name and initial	Social Security number
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Applicant's address	City	State	Zip Code
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Business Information (if applicable):

Business name

Business address	City	State	Zip Code
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Minnesota tax identification number: _____

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Federal tax identification number: _____

Signature	Title	Date
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Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK OR TYPE.

Minnesota Statutes, 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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)		
DBA (doing business as name) (if applicable)			
BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIPCODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2, or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

- I have no employees
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: if your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

* Number 1, 2, or 3 MUST be completed