

## **APPLICATION / PERMIT FOR DISPLAY OF FIREWORKS - \$100**

1. This application must be completed and returned to the City Clerk's office at least 15 days prior to date of display.

Name of Applicant (Sponsoring Organization)	Name of Authorized Agent of Applicant			
Address of Applicant City State Zip	Address of Agent	City	State	Zip
( )	( )			
Phone Number of Applicant (Sponsoring Organization)	Phone Number of Age	ent		
Address of Display	Time of Display		Dat	te of Display
Manner and place of storage of fireworks/pyrotechnic spe	cial effects prior to disp	lay:		
Type and number of fireworks to be discharged:				
Minnesota State law requires that the firewor	ks operator be license	d by the Stat	e Fire Marsha	II.
Name of Supervising Operator		Certificate/License Number		
Is the Fire Department requested or required to be on S	stand-by?	□ YES	□ <b>NO</b>	
I understand and agree to comply with all provision authority, and will ensure that the fireworks/pyrotechnic sp persons or property or constitute a nuisance. I agree that a that any violation of state laws City ordinances or policies c action.	ecial effects are dischar Il assistants will be at le	ged in a manr ast 18 years c	ner that will no of age. I also u	t endanger nderstand
Signature of Applicant (or Agent)		Da	ate of Applicatio	n
<ul> <li><i>Required attachments.</i> The following attachments must be</li> <li>Proof of a bond or Certificate of Insurance in the amou</li> <li>A diagram of the ground, or facilities (for indoor display scale or with dimensions included) must show the poin discharged; the location of ground pieces; the location other possible overhead obstructions; and the lines behaudience (e.g. indoor) displays, the diagram must also s the display.</li> <li>Names and ages of all assistants that will be participating.</li> <li>Copy of State Operator Certificate/License</li> </ul>	nt of at least \$1,500,000 ys), at which the display t at which the fireworks of all buildings, highwa hind which the audience show the fallout radius t	).00. will be held. /pyrotechnic s ys, streets, co will be restra	special effects mmunication l ined. For prox	are to be ines, and kimate
5. Statement of approval and signature of property owned	r in which the fireworks,	/pyrotechnic d	display will be	located at.

Signature of Fire Marshal			Date
Signature of Fire Chief			Date
City of Victoria	7951 Rose Street P.O. B	ox 36 Victoria, MN .victoria.mn.us	55386
Thone. (9	52) 443-4210 www.ci	.victoria.iiii.us	