



License No. _____
Receipt No: _____
License Fee: \$110 _____
Date: _____

APPLICATION FOR DISPLAY OF FIREWORKS

Name of Sponsoring Organization

Address of Sponsoring Organization

Name of Authorized Agent (or Applicant)

Address of Authorized Agent

Date(s) of Display: _____

Telephone Number of Agent (or Applicant): _____

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 Marshall.

Name of Supervising Operator: _____

State certification #: _____

Address: _____

Telephone: _____

I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to www.coonrapidsmn.gov and click on NotifyMe. Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".

I understand and agree to comply with all provisions of this application and the requirements of the issuing authority and will ensure the fireworks/pyrotechnic special effects are discharged in a manner that will not endanger persons or property or constitute a nuisance.

Date: _____

Signature of Applicant or Agent

The following must be included with this application:

- Certificate of Insurance or proof of bond in the amount of \$1,000,000 per person and \$2,000,000 per occurrence.
- A diagram of the grounds, 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. For proximate audience (e.g. indoor) displays, the diagram must also show the fallout radius for each pyrotechnic device used during the display.

The discharge of fireworks on the date and location shown on this application is approved, subject to the following conditions, if any: _____

Fire Chief Approval: _____

Date: _____

City Clerk Approval: _____

Date: _____

License Applicant Information

Under Minnesota Law (M.S. 270C.03) 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.

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

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, 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 print or type in the following information and return along with your application.

Personal Information:			
First Name:		Middle Name:	
Last Name:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Driver's License #		State of Issue:	
Social Security #			
Business Information:			
Complete Legal Business Name:			
Doing Business As Name:			
Phone #:			
Location Address in Coon Rapids:	Street:		
	City:	Coon Rapids	
	State:	Zip:	
Minnesota Tax ID #		Federal Tax ID #	
If Minnesota Tax ID # is not required, please explain:			

Date

Signature