



# CITY OF WILLMAR

## PERMIT APPLICATION FOR

### DISPLAY OF **OUTDOOR** FIREWORKS/PYROTECHNIC SPECIAL EFFECTS

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**Applicant instructions:**

1. Complete this application and return at least 25 days prior to date of display.
  2. Attach a non-refundable permit fee of \$30.00 made payable to City of Willmar.
  3. Complete the required attachments listed below and Mail to: PO Box 755, Willmar, MN 56201.
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Name of applicant (Sponsoring Organization): \_\_\_\_\_  
Address of applicant: \_\_\_\_\_  
Name of authorized agent of applicant: \_\_\_\_\_  
Address of agent: \_\_\_\_\_  
Telephone number of agent: (W) \_\_\_\_\_ (H) \_\_\_\_\_  
Date of display: \_\_\_\_\_ Time of display: \_\_\_\_\_  
Location of display: \_\_\_\_\_  
Manner and place of storage of fireworks/pyrotechnic special effects to be discharged: \_\_\_\_\_  
Type & number of fireworks/pyrotechnic special effects to be discharged: \_\_\_\_\_

**Minnesota state law requires fireworks displays to be conducted under the direct supervision of a pyrotechnic operator certified by the Minnesota State Fire Marshal.**

Name of supervising pyrotechnic operator: \_\_\_\_\_ MN Certificate No: \_\_\_\_\_

**Must attach a copy of their Minnesota 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): **X** \_\_\_\_\_ Date of application: \_\_\_\_\_

**Required attachments.** The following attachments must be included with this application:

1. Proof of a bond or certificate of insurance in amount of at least \$1,000,000 for bodily injury and property damage liability per occurrence and the City of Willmar must be listed as an additional insured.
2. **A 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 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.
3. Names and ages of all assistants that will be participating in the display.

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

Signature of fire chief _____	Date: _____
Signature of city attorney: _____	Date: _____
Signature of city engineer: _____	Date: _____
Signature of city clerk: _____	Date: _____



## CITY OF WILLMAR

### TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Willmar is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home phone number, 4. Social Security number, 5. Date of birth, 6. Conviction record, 7. Sex, 8. Age group, 9. Disability type, 10. Racial/ethnic group.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Willmar and the policies, rules, and regulations promulgated pursuant thereto.

**FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.**

Private data is available only to you and to other persons in the City offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Witness my signature that I fully understand the contents of this warning.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

DETAILED MAP OF EVENT AREA MUST BE ATTACHED