

**KANABEC COUNTY APPLICATION
OUTDOOR PUBLIC FIREWORKS DISPLAY**

Applicant instructions:

- 1. This application is for an **outdoor** public fireworks display only and is **not** valid for an indoor fireworks display.
- 2. This application must be completed and returned at least 15 days prior to date of display.
- 3. Fee upon application is \$ 25.00 and must be made payable to KANABEC COUNTY AUDITOR

Name of Applicant (Sponsoring Organization): _____

Address of Applicant: _____

Name of Applicant's Authorized Agent: _____

Address of Agent: _____

Telephone Number of Agent: _____ Date of Display: _____ Time of Display: _____

Location of Display: _____

Manner and place of storage of fireworks prior to display: _____

Type and number of fireworks 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.**

Name of Supervising Operator: _____ Certificate No.: _____

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 \$ 500,000.00
- 2. A diagram of the ground 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.
- 3. Names and ages of all assistants that will be participating in the display.

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

I understand and agree to comply with all provisions of this application, MN Statute 624.20 through 624.25, MN State Fire Code, National Fire Protection Association Standard 1123 (2006 edition), applicable federal law(s) and the requirements of the issuing authority, and will ensure that the fireworks are discharged in a manner that will not endanger persons or property or constitute a nuisance.

Signature of Applicant (or Agent): _____ Date: _____

Signature of Fire Chief/County Sheriff: _____ Date: _____

Signature of Issuing Authority: _____ Date: _____