



CITY OF THIEF RIVER FALLS

FIREWORKS DISPLAY PERMIT APPLICATION

City Code Section 130.26
(Must be received 15 days prior to event)

Sponsoring Organization _____

Name of Contact Person _____

Address of Contact Person _____

Phone Number of Contact Person _____

Date of Display _____ Time of Display _____ to _____

Location of Display (See Requirement #1): _____

Name of Supervising Operator: _____ License No. _____
(State law requires operator be licensed by the Minnesota State Fire Marshal)

- REQUIRED ATTACHMENTS: The following attachments must be included with this application:**
- #1) A diagram of the grounds at which the display will be held must be attached. The diagram must show the point of which the fireworks are to be discharged; the location of all buildings; highways, streets, communication lines; and other possible overhead obstructions and the lines behind which the audience will be restrained.
 - #2) Certificate of Insurance with the City of Thief River Falls being named as an additional insured.
 - #3) Names and ages of all assistants that will be participating in the display.
 - #4) Permit fee of \$25.00, payable to the City of Thief River Falls.

You are hereby advised, pursuant to Minnesota Statutes, Section 13.04, Subd. 2, that in order to complete the application necessary for licensing within this municipality, you may be required to supply certain private and/or confidential personal data to the City of Thief River Falls via the completed application form. This private and/or confidential personal data, in addition to all other information provided, will be used by employees of the City of Thief River Falls and the Thief River Falls City Council to determine whether or not the "license" may be granted as requested.

You have the right to refuse to supply any or all data requested, however, your application will not be processed unless all of the requested data is supplied. All data contained in the license application, along with any additional relevant data obtained by agents of the City of Thief River Falls pursuant to the processing of this licensing application, may be classified as public data, except for your social security number or other information stated to be private or confidential by Minnesota State Statutes.

Signature of Sponsoring Organization Contact Person _____ Date _____

DATE APPROVED BY FIRE CHIEF _____ SIGNATURE OF FIRE CHIEF _____

DATE APPROVED BY CITY COUNCIL: _____

DATE OF APPLICATION _____

Requirement #1 Completed? _____

Requirement #2 Completed? _____

Requirement #3 Completed? _____

Requirement #4 Completed? _____