



**Finance & Taxpayer Service**

509 West 5<sup>th</sup> Street  
Red Wing, MN 55066

Phone: (651) 385-3032  
www.co.goodhue.mn.us

Permit # 25F- \_\_\_\_\_ - \_\_\_\_\_

# Fireworks Permit - Application

Pursuant to Minnesota Statutes 624.20 to 624.25  
\*\* Must be turned in 15 days prior to event \*\*  
Bond or Certificate of Insurance - \$5,000 minimum  
Fee - \$50

Name of Sponsoring Organization: \_\_\_\_\_

Address of Sponsoring Organization: \_\_\_\_\_

Email of Sponsoring Organization: \_\_\_\_\_

Name of Authorized Agent of Sponsoring Organization: \_\_\_\_\_

Address of Agent: \_\_\_\_\_

Telephone Number of Agent: \_\_\_\_\_

Date of Display: \_\_\_\_\_ Time of Display: \_\_\_\_\_

Location of Display: \_\_\_\_\_

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)

\_\_\_\_\_  
Date

.....  
*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 County Sheriff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of County Auditor

\_\_\_\_\_  
Date

## Event Details:

- ❖ Manner and place of storage of fireworks/pyrotechnic special effects prior to display:

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- ❖ Type and quantity of fireworks to be discharged:

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- ❖ Names and ages of all assistants:

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- ❖ Supervising Operator:

***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 Number: \_\_\_\_\_

Supervising Operator's Phone Number: \_\_\_\_\_

- ❖ Attach a copy of the Site Safety Plan
- ❖ Attach a diagram of the grounds. This must contain the point of which the fireworks are discharged, all buildings, highways, streets, communication lines, other possible obstructions and the lines behind where the audience will be restrained. Please use the Goodhue County GIS map:  
<http://www.co.goodhue.mn.us/departments/landuse/gis/OnlineGISMapping.aspx>.

### OFFICE USE ONLY

- Fee Collected \$50.00
- Bond or Certificate of Insurance
- Diagram of Grounds
- Site Safety Plan
- Supervising Operator Verified

**624.22 FIREWORKS DISPLAYS; PERMIT; OPERATOR CERTIFICATION.**

Subdivision 1. **General requirements; permit; investigation; fee.** (a) Sections 624.20 to 624.25 do not prohibit the supervised display of fireworks by a statutory or home rule charter city, fair association, amusement park, or other organization, except that:

(1) a fireworks display may be conducted only when supervised by an operator certified by the state fire marshal; and

(2) a fireworks display must either be given by a municipality or fair association within its own limits, or by any other organization, whether public or private, only after a permit for the display has first been secured.

(b) An application for a permit for an outdoor fireworks display must be made in writing to the municipal clerk at least 15 days in advance of the date of the display and must list the name of an operator who is certified by the state fire marshal and will supervise the display. The application must be promptly referred to the chief of the fire department, who shall make an investigation to determine whether the operator of the display is competent and is certified by the state fire marshal, and whether the display is of such a character and is to be so located, discharged, or fired that it will not be hazardous to property or endanger any person. The fire chief shall report the results of this investigation to the clerk. If the fire chief reports that the operator is certified, that in the chief's opinion the operator is competent, and that the fireworks display as planned will conform to the safety guidelines of the state fire marshal provided for in paragraph

(f), the clerk shall issue a permit for the display when the applicant pays a permit fee.

(c) When the supervised outdoor fireworks display for which a permit is sought is to be held outside the limits of an incorporated municipality, the application must be made to the county auditor, and the auditor shall perform duties imposed by sections 624.20 to 624.25 upon the clerk of the municipality. When an application is made to the auditor, the county sheriff shall perform the duties imposed on the fire chief of the municipality by sections 624.20 to 624.25.

(d) An application for an indoor fireworks display permit must be made in writing to the state fire marshal by the operator of the facility in which the display is to occur at least 15 days in advance of the date of any performance, show, or event which will include the discharge of fireworks inside a building or structure. The application must list the name of an operator who is certified by the state fire marshal and will supervise the display. The state fire marshal shall make an investigation to determine whether the operator of the display is competent and is properly certified and whether the display is of such a character and is to be so located, discharged, or fired that it will not be hazardous to property or endanger any person. If the state fire marshal determines that the operator is certified and competent, that the indoor fireworks display as planned will conform to the safety guidelines provided for in paragraph (f), and that adequate notice will be given to inform patrons of the indoor fireworks display, the state fire marshal shall issue a permit for the display when the applicant pays an indoor fireworks fee of \$150 and reimburses the fire marshal for costs of inspection. Receipts from the indoor fireworks fee and inspection reimbursements must be deposited in the general fund as a nondedicated receipt. The state fire marshal may issue a single permit for multiple indoor fireworks displays when all of the displays are to take place at the same venue as part of a series of performances by the same performer or group of performers. A copy of the application must be promptly conveyed to the chief of the local fire department, who shall make appropriate preparations to ensure public

safety in the vicinity of the display. The operator of a facility where an indoor fireworks display occurs must provide notice in a prominent place as approved by the state fire marshal to inform patrons attending a performance when indoor fireworks will be part of that performance. The state fire marshal may grant a local fire chief the authority to issue permits for indoor fireworks displays. Before issuing a permit, a local fire chief must make the determinations required in this paragraph.

(e) After a permit has been granted under either paragraph (b) or (d), sales, possession, use and distribution of fireworks for a display are lawful for that purpose only. A permit is not transferable.

(f) The state fire marshal shall adopt and disseminate to political subdivisions rules establishing guidelines on fireworks display safety that are consistent with sections 624.20 to 624.25 and the most recent edition of the State Fire Code, to insure that fireworks displays are given safely. In the guidelines, the state fire marshal shall allow political subdivisions to exempt the use of relatively safe fireworks for theatrical special effects, ceremonial occasions, and other limited purposes, as determined by the state fire marshal.

Subd. 2. **Operator certification requirements.** (a) An applicant to be a supervising operator of a fireworks display shall meet the requirements of this subdivision before the applicant is certified by the state fire marshal.

(b) An applicant must be at least 21 years old.

(c) An applicant must have completed a written examination, administered or approved by the state fire marshal, and achieved a passing score of at least 70 percent. The state fire marshal must be satisfied that achieving a passing score on the examination satisfactorily demonstrates the applicant's knowledge of statutes, codes, and nationally recognized standards concerning safe practices for the discharge and display of fireworks.

(d) An applicant shall apply in writing to the state fire marshal by completing and signing an application form provided by the state fire marshal.

(e) An applicant shall submit evidence of experience, which must include active participation as an assistant or operator in the performance of at least five fireworks displays, at least one of which must have occurred in the current or preceding year.

Subd. 3. **Certification application; fee.** An applicant shall submit a completed initial application form including references and evidence of experience and successful completion of the written examination. Applicants shall pay a certification fee of \$100 to the State Fire Marshal Division of the Department of Public Safety. The state fire marshal shall review the application and send to the applicant written confirmation or denial of certification within 30 days of receipt of the application. Certification is valid for a period of four years from the date of issuance.

Subd. 4. **Classification.** When an applicant has met the requirements of subdivisions 2 and 3, the state fire marshal shall certify and classify the operator for supervising proximate audience displays, including indoor fireworks displays, for supervising traditional outdoor fireworks displays, or for supervising both types of displays, based on the operator's documented experience.

Subd. 5. **Responsibilities of operator.** The operator is responsible for ensuring the fireworks display is organized and operated in accordance with the state fire marshal's guidelines described in subdivision 1.

Subd. 6. **Reports.** (a) The certified operator shall submit a written report to the state fire marshal within ten days following a fireworks display conducted by the operator if any of the following occurred:

- (1) an injury to any person resulting from the display of fireworks;
- (2) a fire or damage to property resulting from the display of fireworks; or
- (3) an unsafe or defective pyrotechnic product or equipment was used or observed.

(b) The certified operator shall submit a written report to the state fire marshal within 30 days following any other fireworks displays supervised by the operator.

(c) The state fire marshal may require other information from operators relating to fireworks displays.

Subd. 7. **Operator certification renewal.** An applicant shall submit a completed renewal application form prepared and provided by the state fire marshal, which must include at least the dates, locations, and authorities issuing the permits for at least three fireworks displays participated in or supervised by the applicant and conducted during the past four years. An applicant shall pay a certification renewal fee of \$100 to the State Fire Marshal Division of the Department of Public Safety. The state fire marshal shall review the application and send to the applicant written confirmation or denial of certification renewal within 30 days of receipt of the application. Certification is valid for a period of four years from the date of issuance.

Subd. 8. **Suspension, revocation, or refusal to renew certification.** (a) The state fire marshal may suspend, revoke, or refuse to renew certification of an operator if the operator has:

- (1) submitted a fraudulent application;
- (2) caused or permitted a fire or safety hazard to exist or occur during the storage, transportation, handling, preparation, or use of fireworks;
- (3) conducted a display of fireworks without receipt of a permit required by the state or a political subdivision;
- (4) conducted a display of fireworks with assistants who were not at least 18 years of age, properly instructed, and continually supervised; or
- (5) otherwise failed to comply with any federal or state law or regulation, or the guidelines, relating to fireworks.

(b) Any person aggrieved by a decision made by the state fire marshal under this subdivision may petition the state fire marshal in writing to reconsider the decision. The state fire marshal shall render a decision in writing within 30 days of receipt of the written request for reconsideration. Following reconsideration, the person may appeal the decision to the district court.

Subd. 9. **Database.** The commissioner of public safety shall maintain a database of the information required under this section for purposes of (1) law enforcement, (2) investigative inquiries made under subdivision 1, and (3) the accumulation and statistical analysis of information relative to fireworks displays.

Pursuant to Minnesota Statutes 270C.72, 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 of 1974, we must advise you that:

This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue Delinquent taxes, penalties or interest:  
and

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; and

Failure to supply this information may jeopardize or delay the issuance of you licensing or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **Do not return this form to the Department of Revenue.**

Licensing Authority: Goodhue County

### License Information

Name of license being applied for: \_\_\_\_\_  
License renewal date: \_\_\_\_\_

### Personal Information

Applicant's Name (Last, first, middle initial): \_\_\_\_\_  
Applicant's Address (city, state, zip): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

### Business Information

Business Name: \_\_\_\_\_  
Business Address (city, state, zip): \_\_\_\_\_  
Minnesota Tax Identification Number: \_\_\_\_\_

I do not conduct any business as a business entity and therefore do not have a Minnesota business identification number.

Additional explanation, if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**- CERTIFICATION OF COMPLIANCE -  
MINNESOTA WORKERS' COMPENSATION LAW**

**Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.**

**This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.**

Insurance Company Name: \_\_\_\_\_  
(NOT the insurance agent)

Policy Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_

(or)

I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law  
(these include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_  
*Business name if different than your name*

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  
*Including area code*

Signature: \_\_\_\_\_

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