



**FIREWORKS
DISPLAY PERMIT
ADDENDUM**

Fill out this form completely, sign it and attach certificate of insurance and diagram/photo of launch site. **Contact West Suburban Fire District at 763-479-3036 (see pg. 2) to schedule an inspection of the launch site.** Once Fire has inspected the site and signed off on the form, submit to Medina Police Department, 600 Clydesdale Trail, Medina, MN 55340, at least 30 days prior to the date of the event. You will be notified by email once the application is approved. (Addendum must accompany the special event permit).

Property Location: _____

Applicant is: ___ Display Contractor ___ Property Owner ___ Other

Name: _____ **Email:** _____

Address: _____ **City:** _____ **State:** ___ **Zip:** _____

Telephone(s) #: _____

Display Information:

Company: _____ MN Certificate #: _____

Supervising Operator: _____ Cell Phone: _____ Business Phone: _____

Date of Display: _____ Time of Display: _____ Duration of Display: _____

****Attach Location and Number of Fireworks to be Discharge to this form****

MINNESOTA STATE LAW REQUIRES THAT THIS DISPLAY BE CONDUCTED UNDER THE DIRECT SUPERVISION OF A PYROTECHNIC OPERATOR CERTIFIED BY THE STATE FIRE MARSHAL.

I HEREBY APPLY FOR A FIREWORKS DISPLAY PERMIT AND ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE FOLLOWING: (1) CONDITIONS OF THE PERMIT, (2) THE APPLICABLE CITY APPROVALS, ORDINANCES AND CODES, (3) THE STATE FIRE CODE.

Applicant's Signature

Date

Print Applicant's Name

For Plan Review Use Only

Fire Dept Inspection:

Date

Fire Department Authorized Signature

Authorized for Issuance:

Date

Director of Public Safety

Remarks:

