

**APPLICATION FOR DISPLAY OF FIREWORKS/PYROTECHNIC
SPECIAL EFFECTS**

Applicant Instructions:

1. This application must be completed and returned to the City prior to date of display.
2. Fee upon application is \$ 15.00, and must be made payable to City of Walker.

Name of applicant (Sponsoring Organization): _____

Address of applicant: _____

Name of authorized agent of applicant: _____

Address of agent: _____

Telephone number of agent: _____

Date of display: _____ Time of Display: _____

Location of Display: _____

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

Type & number of fireworks/pyrotechnic special effects 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. _____

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. Constitute a nuisance, or hold the City of Walker Liable in any way.

Signature of applicant: _____ Date of application: _____

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

1. Certificate of Insurance.
2. Hold harmless agreement.
3. A diagram of the grounds, at which the display will be held. This diagram 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, streets, communication/power lines, and other overhead obstructions, and the line behind which the audience will be restrained.
4. Names and ages of all assistants that will be participating in the display.

The discharge of the listed fireworks/pyrotechnic on the date and at the location shown on this application is hereby approved.

Signature of fire chief/police: _____ Date: _____

Printed name of above Official: _____ Phone: _____

Signature of issuing authority: _____ Date: _____

(City Administrator)

Printed name of above official: _____ Phone: _____