



**CITY OF BLAINE
SAFETY SERVICES
Fire Inspections
10801 Town Square Drive
Blaine MN 55449
Business Phone 763-785-6187
Fax 763-717-2634**



Fireworks Display Permit Application

Application Date _____ Permit Fee \$ _____

Shoot Location _____

Property Owner _____ Phone # _____

Applicant _____ Date of Birth _____

Address _____ Phone # _____

Describe Work To Be Done _____

Event Date and Time _____

Alternate Event Date and Time _____

The following must be submitted with this application:

1. A scaled site plan must be submitted showing the shoot location, the fallout area, and all nearby buildings, structures, property lines and streets.

2. Provide detailed information on the following:

- Name and DOB of state licensed fireworks display operator who will be on site to supervise event: _____

- Method for transporting fireworks: _____

- Method for storing fireworks on site (permitted on day of show only): _____

- Description of shells including type, number and diameter: _____

- Types of mortars: _____

- Types of ignition devices: _____

- Diameter of fallout area and methods for security: _____

- Personal protective equipment for employees: _____

- First aid equipment: _____

- Portable fire extinguishers: _____

- Procedure for handling misfired shells: _____

- Procedure for searching display area afterwards to recover all unfired or misfired shells: _____

- Metropolitan Airports Commission approval for displays near the Anoka County Airport: _____

I, the undersigned do hereby agree to complete the above-described work in accordance with City codes, the Minnesota Uniform Fire Code, NFPA Standard 1123 and the Fireworks Safety Guidelines published by the Minnesota State Fire Marshals Office.

Applicant Signature _____ Date _____