City of East Gull Lake
Fireworks/Pyrotechnic Special Effects Application

This application must be approved at least 35 days prior to date of display

Name of Applicant or Sponsoring Organization _____

Address of Applicant _____

Authorized Agent of Applicant Information:

Name: _____

Address:_____

Email:_____ Phone Number: _____

Date of Display: _____ Time of Display: _____

Location of Display: _____

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

_____

Type and 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 # _____

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:_____

Required attachments:

1. *Proof of a bond or certificate of insurance in amount of at least $*1,000,000.
2. *A diagram of the grounds or facilities (for indoor displays), at which the display will be held. This diagram (drawn to scale or with dimensions included) 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, highways, streets, communication lines and other possible overhead obstructions; and the lines behind which the audience will be restrained. For proximate audience (e.g. indoor) displays, the diagram must also show the fallout radius for each pyrotechnic device used during the display.*
3. *Names and ages of all assistants that will be participating in the display.*

The discharge of the listed fireworks on the date and at the location shown on this application is hereby approved, subject to the following conditions, if any:

_____ _____

Fire Chief Signature Date

_____ _____

Issuing Authority Signature Date