



BRAINERD FIRE DEPARTMENT
Fire Inspections
23 Laurel Street
Brainerd, MN 56401
218-828-2312
218-828-2331 (FAX)
Web: www.ci.brainerd.mn.us



FIREWORKS DISPLAY PERMIT APPLICATION

Application Date: _____

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 (describe):

- Portable fire extinguishers (number of extinguishers & locations):

- Procedure for handling misfired shells:

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

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

Applicant Signature: _____

Date _____

City Administrator Approval

Date

Fire Chief Approval

Date