FIREWORKS FOR DISPLAY OR ENTERTAINMENT PURPOSES PERMIT APPLICATION

	QORHEAD	CITY OF MOORHEAD FIRE PREVENTION DIVISION 111 12th Street North, Moorhead, MN 56560 (218) 299-5433 / chad.stangeland@ci.moorhead.mn.us			
Date:					
Name:					
Representing:					
Address:					
Telephone:					
Email Address:					
PER	MISSION	IS HEREBY GRANTED TO CONDUCT FIREWORKS DISPLAY AT:			
Street Address:					
For Purpose of:					
Date and	Duration c	of Display:			
Approxima	ate Numbe	er, Class and Size of Fireworks to be Used:			
Number o	f Operator	rs or Assistants:			
Insurance Liability Company Name: Attach copy of policy					
	Enclosed is my completed and signed Certificate of Compliance Minnesota Workers' Compensation Law Form (Required by Minnesota Statutes, Section 176.182)				
	Attached is a diagram of fireworks, location including: location of discharge, buildings on site, roads, crowd location, overhead obstructions (trees, utility line, etc.)				
	I understand that dedicated standby may be required by the authority having jurisdiction, and costs may be associated with dedicated standby.				
<u>Approval</u>	by Autho	orized Fire Personnel:			
Approved By:					

OFFICE USE	DATE RECEIVED	PERMIT #	DATE ISSUED
ONLY			
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