

**FIREWORKS SALES AND/OR STORAGE PERMIT APPLICATION
CONSUMER FIREWORKS 1.4G (SMALL FIREWORKS INTENDED FOR PUBLIC USE)**



**CITY OF MOORHEAD
FIRE PREVENTION DIVISION
111 12th Street North, Moorhead, MN 56560
(218) 299-5433 / chad.stangeland@ci.moorhead.mn.us**



Public sales of limited types of fireworks will be allowed in Minnesota according to Minnesota Statute 624.20c. The City of Moorhead requires a permit to store or sell these limited types of fireworks within the city limits of Moorhead. A plan review will be conducted for each permit application, and upon approval, **a permit fee of \$100.00 will be charged.** (Please make checks payable to the City of Moorhead). **A double permit fee will be charged to those selling without a permit.**

Type of Permit: Fireworks Sales and/or Storage

Business Name: _____

Business Address Where Fireworks Located: _____

Mailing Address of Applicant: _____

Phone Number of Applicant: _____

Email Address of Applicant: _____

Please draw a site plan depicting the following and attach to application:

- Vehicle parking
- Fuel dispensing location (if any)
- Fire extinguisher(s) placement and distance from fireworks
- Exit locations
- Fireworks aisle layout
- Aisle width

- Attached is the completed and signed Certificate of Compliance Minnesota Workers' Compensation Law Form (Required by MN Statutes, Section 176.182)
- Enclosed is the permit fee of \$100.00

By signing below, the applicant agrees to the following:

- All State and local laws, ordinances and regulations will be followed, including Minnesota Statute 624.20 through 624.25.
- The business I represent will limit sales to those listed under Minnesota Statute 624.20c.
- I understand no smoking is allowed in areas used for retail sale or storage of fireworks (2003 Minnesota State Fire Code 3308.11), and a "NO SMOKING" sign must be posted nearby.
- I understand sales are limited to those customers age 18 years and older, verified by picture I.D.

Signature of Applicant _____
Date

Approval by Authorized Fire Personnel:

Approved by: _____ Date: _____

OFFICE USE ONLY	DATE RECEIVED	PERMIT #	CASH	CHECK #

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE
COUNTY	E-MAIL ADDRESS	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

PRINT NAME

APPLICANT SIGNATURE (required)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.