



CITY OF WILLMAR

PERMIT APPLICATION FOR DISPLAY OF **INDOOR** FIREWORKS/PYROTECHNIC SPECIAL EFFECTS

Applicant instructions:

1. Complete this application and return at least 25 days prior to date of display.
2. Attach a non-refundable permit fee of \$50.00 made payable to City of Willmar.
3. Complete the required attachments listed below and Mail to: PO Box 755, Willmar, MN 56201.

Name of applicant (Sponsoring Organization): _____
 Address of applicant: _____
 Name of authorized agent of applicant: _____
 Address of agent: _____
 Telephone number of agent: (W) _____ (H) _____
 Date of display: _____ Time of display: _____
 Location of display: _____
 Manner and place of storage of fireworks/pyrotechnic special effects prior to display: _____

 Type & number of fireworks/pyrotechnic special effects to be discharged: _____

Minnesota state law requires fireworks displays to be conducted under the direct supervision of a pyrotechnic operator certified by the Minnesota State Fire Marshal.

Name of supervising pyrotechnic operator: _____ MN Certificate No: _____

If this application is approved and a permit issued, I understand and agree to ensure that the indoor fireworks/pyrotechnics special effects display for which this application has been filed will be conducted in full compliance with Minnesota Statute 624.20 – 25, the Minnesota State Fire Code, and National Fire Protection Association Standard 1126 (1996 Edition).

Signature of applicant (or agent): _____ Date of application: _____

Required attachments. The following attachments must be included with this application:

1. Proof of a bond or certificate of insurance in amount of at least \$1,000,000 for bodily injury and property damage liability per occurrence and the City of Willmar must be listed as an additional insured.
2. Plan for the use of pyrotechnics. (Required by NFPA 1126. See page 2 for required contents). Incomplete plans will be rejected.

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

| | |
|-----------------------------------|-------------|
| Signature of fire chief _____ | Date: _____ |
| Signature of city attorney: _____ | Date: _____ |
| Signature of city engineer: _____ | Date: _____ |
| Signature of city clerk: _____ | Date: _____ |



CITY OF WILLMAR

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Willmar is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home phone number, 4. Social Security number, 5. Date of birth, 6. Conviction record, 7. Sex, 8. Age group, 9. Disability type, 10. Racial/ethnic group.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Willmar and the policies, rules, and regulations promulgated pursuant thereto.

FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Witness my signature that I fully understand the contents of this warning.

Date: _____

Signature of Applicant

DETAILED MAP OF EVENT AREA MUST BE ATTACHED