



City of Le Sueur, MN
Fireworks Permit Application

This application must be completed and returned at least 15 days prior to date of display. Minnesota State law requires that this display be conducted under the direct supervision of a pyrotechnic operator certified by the State Fire Marshal.

APPLICANT INFORMATION	
Applicant Name:	
Address:	City/State/Zip:
Phone:	Email:
Agent Name:	
Agent Address:	City/State/Zip:
Phone:	Email:

DISPLAY INFORMATION	
Date of Display:	Time of Display:
Location of Display:	
Address:	City/State/Zip:
Type and Number of Fireworks:	
Supervising Officer:	

I certify that the foregoing facts and statements are true, correct and complete. I will ensure that fireworks are discharged in a manner that will not endanger persons, property or cause a nuisance. I agree to comply with all provisions of this application and requirement of the issuing authority.

Signature of Applicant or Authorized Representative

Date

NOTES TO APPLICANT

The following information must be included with your application:

___ Insurance Certificate

___ A diagram of the area for which the display will be held (diagram must be drawn to scale or with dimensions included) and must show the point at which the fireworks are to be discharged, location of any ground pieces, location of any buildings, streets and any overhead obstructions and lines behind which the audience will be restrained. Diagram must also show fallout radius.

OFFICE USE ONLY

Received By:	Date Received
Fire Chief Signature:	Date:
Date Approved:	Approved By: