

# ST. CLOUD FIRE DEPARTMENT



101 10th Avenue North  
St. Cloud, Minnesota 56303  
320.650.3500 · www.ci.stcloud.mn.us



## Proximate Audience/Fireworks-Pyrotechnic Effects Permit Application

This application must be completed and returned at least 15 business days prior to the desired date of the request. Cost: \$150 Application Fee.

### Applicant Info

Sponsoring Organization/Business		
Contact Person	Phone #	Email for Permit
<input type="checkbox"/> check attached (to City of St. Cloud)	<input type="checkbox"/> credit card _____ Exp Date ____ / ____ CVV# _____ Name on card _____ Card ZIP Code _____ Amount _____	

### Authorized Agent of Applicant

Name	Phone #
Date & Time of Display	Location of Display (venue, street, city, state, zip)

Type and number of fireworks/pyrotechnic special effects to be discharged		
Manner and place of storage of fireworks/pyrotechnic special effects prior to display		
Minnesota state law requires that theatrical performance displays with flame/fire be conducted under the direct supervision of a pyrotechnic operator licensed by the State Fire Marshal's Office. A Certificate of Liability and Workers' Comp Compensation Insurance and a diagram of the grounds at which the display will be held must be included. This diagram (drawn to scale or with dimensions included) must show the point at which the fireworks/pyrotechnic special effects are to be discharged; the location of ground pieces; the location of all buildings, highways, streets, communication lines and other possible overhead obstructions; and the lines behind which the audience will be restrained. By ordinance, the City of St. Cloud prohibits indoor proximate audience displays.		
Name of Operator	Certificate #	Email

By submitting this application, I understand and agree to comply with all provisions of this application and the requirements of the issuing jurisdiction and the State of MN. I will ensure that the fireworks/pyrotechnic effects are discharged in a manner that will not endanger persons or property or constitute a nuisance.

RETURN APPLICATION WITH CERTIFICATE OF LIABILITY WORKERS' COMP FORM TO:

firemarshal@ci.stcloud.mn.us or  
St. Cloud Fire Department, 101 10 Ave N, St. Cloud, MN 56303