

Jackson County Auditor/Treasurer
405 4th Street, PO Box 226
Jackson, MN 56143
(507)-847-2763
www.co.jackson.mn.us

APPLICATION/PERMIT
DISPLAY OF FIREWORKS/PYROTECHNIC SPECIAL EFFECTS

Application Instructions:

1. This application is for an **outdoor public** fireworks display only and is **not** valid for an indoor fireworks display.
2. This application must be completed and returned at least **15 days prior** to date of display.
3. Fee upon application is \$20.00 and must be made payable to the Jackson County Auditor/Treasurer.
4. Must include required attachments listed in this application.

Name of Applicant (Sponsoring Organization): _____

Address of Applicant: _____

Name of Authorized Agent of Applicant: _____

Address of Agent: _____

Phone Number of Agent: _____

Date of Display: _____ Time of Display: _____

Location of Display: _____

Manner and place of storage of fireworks/pyrotechnic special effects prior to display: _____

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

MINNESOTA STATE LAW REQUIRES THAT THIS DISPLAY BE CONDUCTED UNDER THE DIRECT SUPERVISION OF A PYROTECHNIC OPERATOR CERTIFIED BY THE STATE FIRE MARSHAL.

Name of Supervising Operator: _____ Certificate No: _____

The following attachments must be included with the application:

1. Proof of a bond or certificate of insurance in the amount of at least \$1,000,000.00.
2. A diagram of the ground at which the display will be held. 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.
3. Name and ages of all assistants that will be participating in the display.

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

I understand and agree to comply with all provisions of this application, MN Statute 624.20 through 624.25, MN State Fire Code, National Fire Protection Association Standard 1123 (most current edition), and applicable federal law(s) and the requirements of the issuing authority, and will ensure that the fireworks/pyrotechnic special effects are discharged in a manner that will not endanger persons or property or constitute a nuisance.

Signature of Applicant (or Agent): _____ Date: _____

Signature of Fire Chief: _____ Date: _____

Signature of County Sheriff: _____ Date: _____

Signature of Issuing Authority: _____ Date: _____

