Application Form **Fireworks Sales**	**Inspections Services** **Regulatory Services** 505 South 4ᵗʰ Avenue, Room 510A Minneapolis, MN 55415 Office 612-673-3000 or 311 TTY 612-673-2157 **www.minneapolismn.gov/fire-permits**	*Office Use Only* Permit # _____ Amount $_____ _____ **Signature of Fire Marshal or Representative** _____ **Date of Inspection**

Minneapolis
City of Lakes

APPLICATION FOR A PERMIT FOR RETAIL SALES OF CONSUMER FIREWORKS

STORE ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL)

APPLICANT		
APPLICANT or BUSINESS NAME		**PHONE**
MAILING ADDRESS	**CITY**	**STATE** **ZIP**
STORE MANAGER (CONTACT) NAME		**CONTACT PHONE**
EMAIL		

SALES INFORMATION		
Type of operation: ☐ Retail Store Sales ☐ Transient Sale		
Dates of retail operation: ___ /___ / 20___ - ___ /___ / 20___		
Hours of retail operation: ☐ Monday – Friday, _____ - _____ ☐ Saturday, _____ - _____ ☐ Sunday, _____ - _____	Gross quantity of fireworks on display: _____ lbs	Gross quantity of fireworks stored on site: _____ lbs

REQUIRED ATTACHMENTS
☐ Required fee - $100 for retail store sales, $350 for transient sales
☐ Copy of lease agreement and written permission from property owner, if different from applicant
☐ Copy of proof of insurance
☐ Site map drawn to scale
☐ Packing list of on-site material

The undersigned hereby agrees that all information on this application is true and correct, and to comply with all applicable city ordinances, state and federal rules, and all orders from Minneapolis Fire Inspections Services.

SIGNATURE _____ **DATE** _____

PAYMENT OPTIONS

☐ In person at the City of Minneapolis Service Center, Monday through Thursday, 8 a.m. to 4 p.m., and Friday, 9 a.m. to 4 p.m.:

> Public Service Building
> 505 South 4th Avenue, Skyway Level
> Minneapolis, MN 55415

☐ By mail, with a check payable to Minneapolis Finance Department, or the below credit or debit card information, mailed to:

> Inspections Services
> 505 South 4th Avenue, Room 510A
> Minneapolis, MN 55415

> *MasterCard or Visa only*

Card Number _____

Expiration Date _____ CVV _____

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