

**Application Form
Fireworks Sales**

**Fire Inspections Services
Regulatory Services**
250 South 4th Street – Room 300
Minneapolis, MN 55415
Office 612-673-3000 or 311
Fax 612-370-3699
TTY 612-673-2157
www.minneapolismn.gov/fis



Office Use Only

Permit # _____ Amount \$ _____

Signature of Fire Marshal or Representative _____

Date of Inspection _____

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: _____ - _____

Hours of retail operation: <input type="checkbox"/> Monday – Friday, _____ - _____ <input type="checkbox"/> Saturday, _____ - _____ <input type="checkbox"/> Sunday, _____ - _____	Gross quantity of fireworks on display: _____ lbs	Gross quantity of fireworks stored on site: _____ lbs
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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 Minneapolis Development Review counter, Monday through Friday, 9:00 AM to 3:00 PM:

Public Service Center
250 South 4th Street, Room 300
Minneapolis, MN 55415

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

Fire Inspection Services
250 South 4th Street, Room 300
Minneapolis, MN 55415

MasterCard or Visa only

Card Number _____

Expiration Date _____ CVV _____

By secure fax, with the below credit or debit card information:

MasterCard or Visa only

Card Number _____

Expiration Date _____ CVV _____

Secure fax to **612-370-3699**