



# INDOOR FIREWORK SALES PERMIT APPLICATION

Fire Department | 14321 O'Connell Road, Savage, MN 55378 | 952-224-3470 | cityofsavage.com

## PROPERTY INFORMATION

Site Address:

Parcel ID:

Is this property leased?  Yes  No If yes, please include a signed lease or letter of permission with application.

Property Fee Owner(s):

Owner Address:

City:

State:

Zip:

Email:

Phone:

## APPLICANT INFORMATION

Applicant Name:

Business Name:

Business Address:

City:

State:

Zip:

Contact Person:

Phone:

Email:

Has applicant been convicted within the last five (5) years of a felony, misdemeanor or gross misdemeanor?

Yes

No

## BUSINESS INFORMATION

Company Name:

Address:

City:

State:

Zip:

Keyholder Information – List 3 persons that may be contacted in case of emergency:

Contact Person:

Phone:

Contact Person:

Phone:

Contact Person:

Phone:

### KEYHOLDER DATA PRIVACY INFORMATION

You are being asked to provide keyholder information on this form for the purpose of expediting city services to your business. Supplying all the information will help us to more effectively provide you and your business with services. Participation in providing this information is voluntary, and you are not required by law to furnish any of the keyholder information. The following keyholder information listed on this form is classified as private data under the Minnesota Government Data Practices Act. Private data is that information which is available to you but not to the public. • any reference to any hazardous substances on the premises; • any reference to alarm systems or to alarm companies; • names, addresses, and phone numbers of persons listed on the alternate/after-hours phone numbers. You should know that any of the information you provide, if classified as public data, may be provided to other entities and individuals. These entities and individuals may include other agencies of governmental units, or individuals requesting public information the City of Savage maintains as businesses, such as business name, phone number, or business owner.

## FIREWORK SALES DATE INFO

Start Date:

End Date:

Sale Hours:

## SUBMITTAL REQUIREMENTS

Providing complete and accurate information is essential for timely review. The following items **must** be included before submittals will be reviewed.

- Scope of Work
- Written approval of property owner or signed lease
- Floor plan drawn to scale showing exits, display locations, bulk storage, and fire extinguisher locations
- Inventory of fireworks to be sold
- Proof of Insurance
- Current annual sprinkler system inspection and testing documents
- Current annual fire alarm system inspection and testing documents
- Current annual portable fire extinguisher inspection and testing documents

## REQUIREMENTS FOR SELLING FIREWORKS

The applicant and any associates are responsible for complying with the following at all times:

- Site shall be kept in a neat & orderly fashion, free from debris or junk which creates in unsightly conditions.
- Any use of prohibited temporary signs including but not limited to, flags, streamers, balloons, feather flags, yard signs, vehicles signs, air inflated or whirling devices will result in legal action.
- Operation must be in compliance at all times with City of Savage City Code, State Building Code and State Fire Code.
- Applicant shall pass inspection by the Savage Fire Department before retail sales can begin. **Call 952-224-3470 to schedule the inspection.**

## ACKNOWLEDGEMENT OF RESPONSIBILITY

This is to certify that I am making application for a fireworks permit and I acknowledge the required information submitted is complete and accurate. I hereby certify the operation will be in compliance with the approved permit and all applicable ordinances and codes of the City of Savage including Minnesota Building and Fire Codes. I understand that by signing this application I will be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Savage.

Applicant Signature(s):

Date:

Printed Name of Applicant(s):

Date:

## FOR CITY USE ONLY

Fire Inspector Approval:

Date:

## FEES

|   |                 |
|---|-----------------|
| <b>APPLICATION FEE:</b><br>Firework sales within existing retail establishment                  | <b>\$100.00</b> |
| <b>APPLICATION FEE:</b><br>Firework sales within establishment in which only fireworks are sold | <b>\$350.00</b> |
| <b>TOTAL AMOUNT DUE:</b>  |                 |
| <b>PERMIT NO:</b>   |                 |

Comments/Special Conditions:

Other Permits Required:

- State Electrical Permit
- Sign Permit