



# FIREWORK TENT 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include a signed lease or letter of permission with application.		
Property Owner(s):		
Owner Address:		
City:	State:	Zip:
Email:	Phone:	

## APPLICANT INFORMATION

Applicant Name:		
Business Name:		
Business Address:		
City:	State:	Zip:
Contact Person:	Phone:	
Email:		

## BUSINESS INFORMATION

Company Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone:	
Start Date:	End Date:	Sale Hours:

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.

## SUBMITTAL REQUIREMENTS

Please check that each of the following items are submitted with your application:

- Written approval of property owner or signed lease
- Proof of Insurance
- Current annual fire alarm and sprinkler system inspection and testing documents
- Current annual portable fire extinguisher inspection and testing documents
- List inventory name, weight and quantity of all consumer fireworks products and material safety data sheets
- Tent drawing of proposed structure showing dimensions (height & width) and tent materials
- Floor plan drawn to scale showing exits, sale/display areas, aisles, bulk storage and fire extinguisher locations
- Site plan\* drawn to scale showing the following:
  - Fire extinguisher locations, building exits, and location of aisles
  - Location and dimension of entire fireworks tent operation area with property lines clearly shown
  - Location and dimensions of tent structure and bulk storage or other items located outside of tent structure
  - Location of parking stalls clearly depicted and traffic circulation
  - Sign location
  - Location of electrical and water hook-ups

\*Property line information can be found on Scott County's GIS webpage <https://gis.co.scott.mn.us/sg3/>

## 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 and orderly fashion, free from debris or junk which creates any unsightly conditions.
- Use shall not interrupt vehicular circulation or interfere with parking needed for permanent businesses.
- Only one (1) sales tent allowed per property at a time.
- Tent operation shall not exceed 30 calendar days.
- Signage shall consist of one (1) banner up to 32 square feet placed on wall of tent structure with issuance of a separate temporary sign permit.
- 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 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 952-224-3469 to schedule the inspection.**

## ACKNOWLEDGEMENT OF RESPONSIBILITY

This is to certify that I am making an 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:

## FOR CITY USE ONLY

Zoning Approval:

Date:

Fire Inspector Approval:

Date:

Building Official Approval:

Date:

TOTAL AMOUNT DUE:

\$350.00

PERMIT NO:

Comments/Special Conditions:

Other Permits Required:

State Electrical Permit

Sign Permit