Sale Of Fireworks Application

7700 Market Boulevard, P. O. Box 147
Chanhassen, MN 55317
City Hall (952) 227-1100
Fire Marshal (952)227-1151

CITY OF CHANHASSEN

License No. _____ Receipt # _____

Permit Fee $100.00 Date: ___/___/___

Business Name: _____

Site Address: _____ Business Phone :_____

Property Owner: _____ Phone: _____
Please Print Name and Title
Emergency No. _____

Owner's Address:_____
State Zip Code

Applicant: _____ Phone: _____
Please Print Name and Title
Emergency No. _____

Applicant's Address: _____
State Zip Code

Type of Fireworks _____

Maximum Quantity Stored _____lbs. Displayed_____lbs.

This is to certify that I am making application for the described action to the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name and I am the party whom the City should contact regarding any matter pertaining to this application. I have attached a copy of proof of ownership (either copy of Owner's Duplicate Certificate of Title, Abstract of Title or purchase agreement), or I am the authorized person to make this application and the fee owner has also signed this application. **This permit will be valid from date of issuance through the end of the calendar year.**

THE UNDERSIGNED HEREBY AGREES WITH CONDITIONS OF THE CHANHASSEN CITY CODE AND THE RULINGS OF THE BUILDING/FIRE INSPECTIONS DIVISION

Applicant (please print)_____

Applicant's Signature: _____ Date: ____/____/____

Owner's Signature: _____ Date: ____/____/____

Site Inspection Approval

Fire Marshal: _____ Building Official: _____ Planning Dept._____
Date: _____ Date: _____ Date: _____

Approved by: _____ Date: _____