



**CITY OF SARTELL
FIREWORKS SALES AND STORAGE APPLICATION**

Type of permit: Sales/storage within a local business (\$100) Transient sales/storage (\$350)

General Information

Name of Applicant: _____

Business/Organization: _____

Address of Business/Organization: _____

Phone: _____ **Fax:** _____

Property Owner: _____

Property Owner's Address: _____

Phone: _____ **Fax:** _____

- Attach letter from the person legally responsible for the property on which the fireworks related activity would occur granting permission to sell fireworks.

Fireworks Information

Name of vendor supplying fire works: _____

- Attach a list of consumer fireworks that will be displayed and stored on the property. Include the name, weight, and quantities of each item.
- Attach an example of the required fireworks safety handout that will be given to each consumer.
- Attach Material Safety Data Sheets (MSDS) for the fireworks.
- Attach a diagram of where the fireworks will be displayed.

Background Check Information

The city ordinance requires a criminal background check for the applicant and/or any responsible parties for this permit (i.e. managers). Please fill in all information for these people. Add additional sheets if necessary.

Applicant: _____ **Date of Birth:** _____ **Driver license #** _____

Past businesses selling fireworks: _____

Previous addresses (within the last 10 years): _____

Manager: _____ **Date of Birth:** _____ **Driver license #** _____

Past businesses selling fireworks: _____

Previous addresses (within the last 10 years): _____

Manager: _____ **Date of Birth:** _____ **Driver license #** _____

Past businesses selling fireworks: _____

Previous addresses (within the last 10 years): _____

Manager: _____ **Date of Birth:** _____ **Driver license #** _____

Past businesses selling fireworks: _____

Previous addresses (within the last 10 years): _____

Office Use Only

Date application was submitted: _____

Person excepting application: _____