

Beltrami County
Outdoor Fireworks Display Application

Pursuant to Minnesota Statutes 624.20 to 624.25

Must be turned in 15 days prior to the event.

Fee \$25

Name of Applicant (Sponsoring Organization): _____

Address of Applicant: _____

Email of Applicant: _____

Name of Authorized Agent of Applicant/Sponsoring Organization: _____

Address of Agent: _____

Telephone Number of Agent: _____

Date of Display: _____ Time of Display: _____

Location of Display: _____

Manner and place of storage of fireworks prior to display: _____

Type and number of fireworks to be discharged: _____

**MINNESOTA STATE LAW REQUIRES THAT THIS DISPLAY BE CONDUCTED UNDER THE DIRECT
SUPERVISION OF A PRYOTECHNIC OPERATOR CERTIFIED BY THE STATE FIRE MARSHALL.**

Name of Supervising Operator: _____ Certificate No: _____

The following attachments must be included with this application:

1. Proof of bond or certificate of insurance in the amount of at least \$1,000,000.
2. A diagram of the ground at which the display will be held. The diagram must show the point at which the fireworks are to be discharged; the location of ground pieces; the location of all buildings, highways, streets, communication lines and other possible overhead obstructions; the lines behind which the audience will be restrained.
3. Names and ages of all assistants that will be participating in the display.

The discharge of the listed fireworks on the date and at the location shown on this application is hereby approved, subject to the following conditions; there are no deviations from the application, applicant must seek and obtain all jurisdictional permits, including but not limited to appropriate fire association and _____

I understand and agree to comply with all provisions of this application, MN Statutes 624.40 – 624.25, MN State Fire Code, National Fire Protection Association Standard 1123, applicable federal laws and the requirements of the issuing authority, and will ensure that the fireworks are discharged in a manner that will not endanger persons or property or constitute a nuisance.

Signature of Applicant (or Agent): _____ Date: _____

Signature of Fire Chief/County Sheriff: _____ Date: _____

Signature of Issuing Authority: _____ Date: _____

**APPLICATION TO HOLD A WATERCRAFT EVENT/ICE EVENT
OR PLACE A TEMPORARY STRUCTURE IN THE WATER**

TOWNSHIP: _____ COUNTY OF BELTRAMI

FULL NAME AND DOB: _____

PERMITTEE ADDRESS: _____

PERMITTEE EMAIL ADDRESS: _____

PHONE: (H) _____ (C) _____

ORGANIZATION (if any): _____

LIST ALL PERSON(S) THAT WILL FUNCTION IN AN OFFICIAL CAPACITY AT THIS
EVENT FULL NAME/DOB/ADDRESS/TELEPHONE:

PERMIT TYPE (WATERCRAFT EVENT/ICE EVENT/TEMPORARY STRUCTURE)

ON LAKE/RIVER: _____

NEAREST PHYSICAL ADDRESS OR LAT/LON(structure distance from shore):

Return application:

Records Division
Beltrami County Sheriff's Office
613 Minnesota Ave NW
Bemidji, MN 56601
218-333-9111
beltrami.records@co.beltrami.mn.us



LARGE EVENT COMMUNICATIONS PLAN BELTRAMI COUNTY SHERIFF'S OFFICE OF EMERGENCY COMMUNICATIONS



EVENT NAME: _____

EVENT CHAIR(S): _____

OPERATIONAL PERIOD (dates and times the event will be operating)

DATE/FROM: _____ DATE/TO: _____

TIME/FROM: _____ TIME/TO: _____

LOCATION: _____

LIST THREE (3) CONTACTS WHO WILL BE EITHER ON SITE DURING THE EVENT OR AVAILABLE FOR EMERGENCY NOTIFICATIONS. These contacts will be programmed into our Code RED system to receive emergency notifications during the event. This information is CONFIDENTIAL and will not be disseminated to anyone outside of Law Enforcement. Your cell phone provider (Verizon, AT&T, etc) is needed to complete the programming. Testing prior to the event will occur to assure that the contacts are receiving their notifications successfully.

NAME: _____ CELL PHONE: _____ CELL PHONE PROVIDER: _____

NAME: _____ CELL PHONE: _____ CELL PHONE PROVIDER: _____

NAME: _____ CELL PHONE: _____ CELL PHONE PROVIDER: _____

Will there be Security on scene? _____ Will there be First Aid available on scene? _____ Is there an evacuation plan? _____

Will there be portable radios used to communicate? _____ If yes, what frequency will they operate on? _____

This form must be completed and submitted as part of the application process for a permit for your event. Questions regarding this should be directed to: Chris Muller, 911 Supervisor/Emergency Communications Director, Beltrami County Sheriff's Office via email: chris.muller@co.beltrami.mn.us or call 218-333-8386.