



FIREWORKS SALES LICENSE APPLICATION

\$100 permit fee

All fireworks sales applicants must agree to follow Minnesota Statute §626.20 (c) and Fergus Falls City Code 116.03. A complete application and plan review must be submitted at least 15 days prior to sales taking place.

Applicant Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Business name: _____

Address where fireworks will be sold: _____

Property owner name: _____ Phone: _____

Dates of fireworks sales: _____

Please draw a site plan depicting the following and attach to application:

- Vehicle parking
- Fuel dispensing location (if any), and distance to fuel dispensing
- Fire extinguisher(s) placement and distance from fireworks
- Exit locations
- Fireworks aisle layout and a complete list of fireworks to be sold
- Aisle width
- Consent from the person legally responsible for the property on which the fireworks sales would occur.

By signing below, the applicant agrees to the following:

- All state and local laws, ordinances and regulations will be followed.
- Sales will be limited to those products listed under Minnesota Statute 624.20(c).
- No smoking is allowed in areas used for retail sale or storage of fireworks and a “NO SMOKING” sign must be posted nearby.
- I understand sales are limited to those customers 18 years and up, verified by picture I. D.
- A completed Tax Identification and Certification of Compliance Minnesota Worker’ Compensation Form is attached to this application.

Signature of Applicant: _____ Date: _____

PLEASE RETURN COMPLETED LICENSE PAPERWORK & FEE TO:
City of Fergus Falls Attention: Licensing – 112 West Washington – Fergus Falls, MN 56537

I have determined that the applicant is competent and that the permitted display, sale, use and/or possession will conform to safety requirements, including the rules and regulations of the State Fire Marshal.

Approval by Fire Chief _____ Date _____

Date Paid _____ Receipt # _____ Date Council Approval _____

Certificate of Compliance
Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)		
DBA (doing business as name) (if applicable)			
BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____.

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.
MN LIC 04 (11/08)

TAX IDENTIFICATION FORM

LICENSE APPLICANT:

Pursuant to *Minnesota Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest:
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service:
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name of Applicant _____

Social Security #* _____

Type of Business _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

If a Minnesota Tax Identification Number is not required, please explain below.

Signed by _____ Date _____

Print Name of Person Signing: _____

***2008 Minnesota Statutes**

270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.

Subd. 4. Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

History: [2005 c 151 art 1 s 87](#)