



City of Bayport
 294 North Third Street
 Bayport, MN 55003
 Phone: 651-275-4404
 Fax: 651-275-4411

**Application
 for Outdoor
 Fireworks Display Permit**

Date _____ Permit No. _____

Date and Time of Display	
Name of Event	
Display address/Location	

Applicant: Municipality _____ Fair Association/Organization _____

Property Owner of Display Address	Name/Company _____ Phone No. _____
	Address _____
Municipality, Fair Association, or Organization	Organization _____ Phone No. _____
	Contact Person (Print) _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
Operator qualified to supervise fireworks display	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____

Note: A detailed site sketch with the proposed fireworks launching location must accompany this application.

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Bayport to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Bayport and the State of Minnesota.

Applicant's Signature _____ / _____ Date _____ Property Owner's Signature _____ / _____ Date _____

Office Use -Dept. Review	Inspection	Date	Inspector	FEE INFO	Date Paid	
Fire Department	<input type="checkbox"/> Site Inspection <input type="checkbox"/> Operator Investigation			Permit - \$100.00		<input type="checkbox"/> CASH
Police Department	<input type="checkbox"/> General					<input type="checkbox"/> CHECK
Administration	<input type="checkbox"/> General				CHECK #	

Permit Approved By:

Date Approved:
