

**CITY OF SHOREVIEW
CONSUMER FIREWORKS SALES AND/OR STORAGE
LICENSE APPLICATION**

This license application will not be processed until the following applicable information is provided, along with the necessary attachments and fees:

1. Person making application:

Name _____
Address _____
Social Security Nr. or Minnesota Business Tax ID Nr. _____
Drivers License Nr. _____ State _____
Telephone _____ Fax _____

2. Provide the following additional information if the license is to be issued in the name of a Partnership.

Name of partnership _____
Address _____
Telephone _____ Fax _____
Date of partnership formation _____

3. Provide the following additional information if the license is to be issued in the name of a Corporation.

Name of corporation _____
Address _____
Telephone _____ Fax _____
Date of incorporation _____

4. Business name to be used in conjunction with the consumer fireworks license _____

5. Property on which the consumer fireworks will be stored and/or sold:

Post office address _____
Legal description _____

6. Property owner information:

Name _____
Address _____
Drivers License Nr. _____ State _____
Telephone _____

7. Describe, generally, the type of business conducted, including any services offered and the types of goods sold and stored on the licensed premises:_____

8. The following items must be attached and submitted with this application:

- A property line map of the premises to be licensed, showing:
 - i. The gross site area
 - ii. Property dimensions
 - iii. Existing structures and other improvements, including parking areas
 - iv. Structure setbacks from all property boundaries
- Floor plan of the premises to be licensed, showing the location of:
 - i. Proposed display and storage of consumer fireworks
 - ii. Type and capacity of the required fire extinguishers
 - iii. Sprinkler heads, if the building is sprinkled
 - iv. Building exit doors
- The gross or net quantity of explosive material to be kept on the premises.
- Liability Insurance Binder or Certificate of Insurance for the premises, containing provisions that the insurance may not be cancelled without ten days notice to the City Manager and that the insurance provider has been made aware that explosive materials will be stored on the premises.
- Copy of lease, if the applicant is not the property owner
- An annual application fee of \$100.00 (non-refundable).

Dated this _____ day of _____, 200_____

PLEASE ALLOW 30 DAYS FOR PROCESSING

I hereby state that the information contained in this application is true and correct to the best of my knowledge and that I am over the age of 18; That I have received a copy of Section 707 of the Shoreview Municipal Code and understand the conditions set forth for holders of a license to store and sell fireworks; and that I will notify the City of Shoreview as soon as any of the facts in this application change. I further acknowledge that the falsification of any information contained in this application will be cause for denial of the License Application or for revocation of a license that has been issued.

Signature of Individual Making Application

For Office Use Only

Site Plan_____ Floor Plan_____ Quantity of explosive materials_____
Certificate of Insurance_____ Lease_____ Application fee_____

Approvals:

Planning Department _____ Date _____

Fire Department _____ Date _____